#### Appointment

From: Strauss, Alexis [Strauss.Alexis@epa.gov]

**Sent**: 5/18/2018 8:19:11 PM

To: Strauss, Alexis [Strauss.Alexis@epa.gov]; Fugh, Justina [Fugh.Justina@epa.gov]; Jordan, Deborah

[Jordan.Deborah@epa.gov]; Miller, Amy [Miller.Amy@epa.gov]; Quast, Sylvia [Quast.Sylvia@epa.gov]; Jawgiel,

Steven [Jawgiel.Steven@epa.gov]; Stoker, Michael B. [stoker.michael@epa.gov]

CC: Clements, Mindy [clements.mindy@epa.gov]; Angelich, Michelle [Angelich.Michelle@epa.gov]

**Subject**: Ethics Briefing - Michael Stoker and Justina Fugh

**Location**: R9SF-VTCRoom-19333-10-Big Pine

**Start**: 5/21/2018 8:00:00 PM **End**: 5/21/2018 9:30:00 PM

Show Time As: Busy

From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 10/1/2018 9:13:18 PM

**To:** Ross, Margaret [Ross.Margaret@epa.gov]

CC: Fugh, Justina [Fugh.Justina@epa.gov]; Miller, Amy [Miller.Amy@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov];

Jordan, Deborah [Jordan.Deborah@epa.gov]

**Subject**: Re: Notice of Financial Disclosure Report Release: Politico

Thx Margaret.

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Oct 1, 2018, at 1:37 PM, Ross, Margaret <a href="mailto:Ross.Margaret@epa.gov">Ross, Margaret@epa.gov</a> wrote:

Greetings,

You may recall that Justina Fugh mentioned to you that, as a public financial disclosure filer, your 278 reports can be made available to the public upon request. Your most recent public financial disclosure report has been requested and I'm writing to confirm that your report will be released in 24 hours (around COB tomorrow, 10/2).

Because the release will go to members of the news media, we'll alert OPA (but OPA won't actually see your form).

If you have any questions or concerns about the release of your report, please feel free to contact me.

Best,

Margaret

Margaret Ross | Ethics Officer | Office of General Counsel | US EPA | William Jefferson Clinton Federal Building Room 4310A North | Washington, DC 20460 (for ground deliveries: 20004) | phone 202-564-3221

From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 7/18/2018 1:58:24 PM

**To**: Griffo, Shannon [Griffo.Shannon@epa.gov]

**CC**: Fugh, Justina [Fugh.Justina@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov]

Subject: Re: For Your Awareness - FOIA Release of Your Recusal Statement

Thx Shannon for giving me the heads up.

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jul 18, 2018, at 9:44 AM, Griffo, Shannon < Griffo. Shannon@epa.gov> wrote:

Mike,

We will also be releasing the same signed recusal statement to Kevin Bogardus with E&E News. His FOIA request, EPA-HQ-2018-007827, specifically asks for your ethics-related documents. However, that probably won't happen until tomorrow or Friday.

Thanks, Shannon

Shannon Griffo
Ethics Attorney
Office of General Counsel, Ethics
U.S. Environmental Protection Agency
(202) 564-7061
Griffo.Shannon@epa.gov

From: Stoker, Michael B.

Sent: Tuesday, July 17, 2018 3:59 PM

To: Griffo, Shannon < Griffo. Shannon@epa.gov>

Cc: Fugh, Justina <Fugh.Justina@epa.gov>; Strauss, Alexis <Strauss.Alexis@epa.gov>

Subject: Re: For Your Awareness - FOIA Release of Your Recusal Statement

We're good. It's now opening.

Thx,
Michael Stoker
EPA Regional Administrator-Region 9
Cell (213) 215-3104

On Jul 17, 2018, at 3:01 PM, Griffo, Shannon < Griffo. Shannon@epa.gov> wrote:

Hi Mike,

OGC/Ethics, like a lot of other EPA offices, has received numerous FOIA requests. In some cases, these requests have specifically asked for your ethics-related documents. OGC/Ethics has reviewed your responsive records and plans to release your recusal statement (see attached) to the following requestor on Wednesday, July 18<sup>th</sup>:

• Rachel Leven (Center for Public Integrity), EPA-HQ-2018-008262: seeking all signed recusal statements, impartiality determinations and Trump Ethics Pledge waivers for political appointees (non-career staff)

If you have any questions, please let OGC/Ethics know.

Thanks, Shannon

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Griffo.Shannon@epa.gov

<Michael Stoker Signed Recusal Statement 6\_4\_18.pdf>

**From**: Griffo, Shannon [Griffo.Shannon@epa.gov]

**Sent**: 7/18/2018 1:44:51 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Fugh, Justina [Fugh.Justina@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov]

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**Sent**: 7/17/2018 7:59:20 PM

**To**: Griffo, Shannon [Griffo.Shannon@epa.gov]

**CC**: Fugh, Justina [Fugh.Justina@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov]

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Office of General Counsel, Ethics
U.S. Environmental Protection Agency
(202) 564-7061
Griffo.Shannon@epa.gov

<Michael Stoker Signed Recusal Statement 6\_4\_18.pdf>

From: Jackson, Ryan [jackson.ryan@epa.gov]

**Sent**: 8/10/2018 5:20:47 PM

To: Wheeler, Andrew [wheeler.andrew@epa.gov]; Darwin, Henry [darwin.henry@epa.gov]; Wehrum, Bill

[Wehrum.Bill@epa.gov]; Greaves, Holly [greaves.holly@epa.gov]; Beck, Nancy [Beck.Nancy@epa.gov]; Bodine,

Susan [bodine.susan@epa.gov]; Leopold, Matt (OGC) [Leopold.Matt@epa.gov]; McIntosh, Chad

[mcintosh.chad@epa.gov]; Cook, Steven [cook.steven@epa.gov]; Wright, Peter [wright.peter@epa.gov]; Yamada,

Richard (Yujiro) [yamada.richard@epa.gov]; Ross, David P [ross.davidp@epa.gov]; Bolen, Brittany

[bolen.brittany@epa.gov]; Lyons, Troy [lyons.troy@epa.gov]; Dunn, Alexandra [dunn.alexandra@epa.gov]; Lopez, Peter [lopez.peter@epa.gov]; Servidio, Cosmo [Servidio.Cosmo@epa.gov]; Glenn, Trey [Glenn.Trey@epa.gov]; Stepp, Cathy [stepp.cathy@epa.gov]; Idsal, Anne [idsal.anne@epa.gov]; Gulliford, Jim [gulliford.jim@epa.gov]; Benevento, Douglas [benevento.douglas@epa.gov]; Stoker, Michael B. [stoker.michael@epa.gov]; Hladick,

Christopher [hladick.christopher@epa.gov]; Baptist, Erik [Baptist.Erik@epa.gov]

CC: Minoli, Kevin [Minoli.Kevin@epa.gov]; Fugh, Justina [Fugh.Justina@epa.gov]; Keith, Jennie [Keith.Jennie@epa.gov]

Subject: UPCOMING ETHICS TRAININGS

Attachments: Overview of Embedding Ethics into Calendaring Process.docx

#### Dear Colleagues,

As mentioned during the July 19 ethics meeting with speakers from the White House, OGC/Ethics will be conducting training sessions in August on "embedding ethics into the calendaring process." You and your staff must take those trainings and work with your respective ethics officials to integrate ethics review into your scheduling process. Attached is a one-page summary of the effort.

Be sure to read emails from Kevin Minoli, Justina Fugh, and/or Jennie Keith of OGC/Ethics and ensure that you all receive the necessary training. We need to complete the training as quickly as possible.

Ryan

Ryan Jackson
Chief of Staff
U.S. Environmental Protection Agency
(202) 564-6999

# ENGAGE IN ETHICS

# 

HIE (030 HD 1 00) 777 (074 572 970)

# **Executive Summary**

- Help prevent conflicts of interest and other ethics issues by embedding ethics review into the calendaring process for principals (principals = Acting Administrator, Deputy Administrator, Assistant Administrators, and Regional Administrators)
- Ensure principals' staff are alert to possible lobbying gift ban and recusal issues, as well as
  possible Hatch Act, travel and gift concerns
- Provide overview and training to a variety of audiences during the month of August 2018

# Implementation

# **Embedding Ethics**

- Principals, their staff, and Deputy Ethics Officials (DEOs) work together to establish or reestablish process for incorporating ethics vetting of the principal's calendar
- OGC/Ethics will provide training and tools (e.g., event request form, sample templates for ethics advice, lobbying gift ban cheat sheet)

### **Training**

- OGC/Ethics will provide several training sessions to HQ staffers, HQ ethics officials, and Regional ethics officials on embedding ethics into the calendaring process
   Estimated length of training: 2.5 hours
- Regional ethics officials will provide training to their Principal's staff in the regions
   Estimated length of training: 2.5 hours
- OGC/Ethics will provide training to the principals during the regularly-scheduled Monday all-hands political meeting(s)
   Estimated length of training: two 20 minutes sessions
- OGC/Ethics will provide a separate training on the Lobbyist Gift Ban for all ethics officials Estimated length of training: 1.0 hour
- OGC/Ethics will create all training documents and tools

# Ongoing efforts by OGC/Ethics

- Ensure a more uniform and consistent process for reviewing calendars across the Agency
- Encourage more cross-office coordination when principals travel together
- Continue to provide support and training as needed

From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 7/17/2018 7:39:51 PM

**To**: Griffo, Shannon [Griffo.Shannon@epa.gov]

CC: Fugh, Justina [Fugh.Justina@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov]

Subject: Re: For Your Awareness - FOIA Release of Your Recusal Statement

### Shannon,

For whatever reason the attachment won't open. At least not on my I Phone.

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jul 17, 2018, at 3:01 PM, Griffo, Shannon < Griffo. Shannon@epa.gov> wrote:

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Shannon Griffo Ethics Attorney Office of General Counsel, Ethics U.S. Environmental Protection Agency (202) 564-7061 Griffo.Shannon@epa.gov

<Michael Stoker Signed Recusal Statement 6\_4\_18.pdf>

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**Sent**: 7/17/2018 7:01:20 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

**CC**: Fugh, Justina [Fugh.Justina@epa.gov]

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If you have any questions, please let OGC/Ethics know.

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Shannon Griffo Ethics Attorney Office of General Counsel, Ethics U.S. Environmental Protection Agency (202) 564-7061 Griffo.Shannon@epa.gov



# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION IX

75 Hawthorne Street San Francisco, CA 94105

# **MEMORANDUM**

SUBJECT:

Recusal Statement

FROM:

LISA Michael B. Stoke

Regional Administrator

TO:

E. Scott Pruitt

Administrator

DATE:

June 4, 2018

I have consulted with the Office of General Counsel/Ethics (OGC/Ethics) and been advised about my ethics obligations. This memorandum formally notifies you of my continuing obligation to recuse myself from participating personally and substantially in certain matters in which I have a financial interest, or a personal or business relationship. I also understand that I have obligations pursuant to Executive Order 13770 and the Trump Ethics Pledge that I signed, as well as my own bar obligations.

# FINANCIAL CONFLICTS OF INTEREST

As required by 18 U.S.C. § 208(a), I will not participate personally and substantially in any particular matter in which I know that I have a financial interest directly and predictably affected by the matter, or in which I know that a person whose interests are imputed to me has a financial interest directly and predictably affected by the matter, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2). I understand that the interests of the following persons are imputed to me: any spouse or minor child of mine; any general partner of a partnership in which I am a limited or general partner; any organization in which I serve as officer, director, trustee, general partner or employee; and any person or organization with which I am negotiating or have an arrangement concerning prospective employment.

I have consulted with OGC/Ethics and been advised that I do not currently have any financial conflicts of interest but will remain vigilant and notify OGC/Ethics immediately should my financial situation change.

# OBLIGATIONS UNDER EXECUTIVE ORDER 13770

Pursuant to Section 1, Paragraph 6 of the Executive Order, I understand that I am prohibited from participating in any particular matter involving specific parties involving my sole proprietorship (the Law Offices of Mike Stoker), or any former client to whom I provided legal or consultative services during the past two years is a party or represents a party. I understand that my recusal lasts for two years from the date that I joined federal service.

I have been advised by OGC/Ethics that, for the purposes of this pledge obligation, the term "particular matters involving specific parties" is broadened to include any meetings or other communication relating to the performance of my official duties, unless the communication applies to a particular matter of general applicability and participation in the meeting or other event is open to all interested parties. I am further advised that the term "open to all interested parties" means that the meeting should include a multiplicity of parties representing a diversity of viewpoints. If a former client is present, then I understand that, generally speaking, at least four other parties should be present to ensure that a diversity of viewpoints is represented and not the same united perspective.

## ATTORNEY BAR OBLIGATIONS

Pursuant to my obligations under my bar rules, I recognize that I am obliged to protect the confidences of my former clients. I also understand that I cannot participate in any matter that is the same as or substantially related to the same specific party matter that I participated in personally and substantially while in private practice, unless my bar provides for and I first obtain informed consent and notify OGC/Ethics. I am therefore recusing myself from participation in all matters related to <u>United States of America</u>, et al. v. HVI Cat Canyon, Inc., f/k/a Greka Oil & Gas, Inc., U.S. District Court, Central District of California Case No. CV 11-50978FMO (SSx).

### RECUSALS

Set forth below are my former clients identified in consultation with OGC/Ethics that have or may have environmental interests that could potentially arise with respect to my duties here at EPA, as well as the specific issues areas from which I am recused:

| RECUSAL LIST<br>In effect until April 28, 2020   |
|--|
| FORMER EMPLOYER: the Law Firm of Mike Stoker (currently inactive)                                    |
| FORMER CLIENTS:  |
| United AG BioSci   |
| PRIOR PARTICIPATION IN SPECIFIC PARTY OR RELATED MATTER:   |
| United States of America, et al. v. HVI Cat Canyon, Inc., f/k/a Greka Oil & Gas, Inc., U.S. District |
| Court, Central District of California Case No. CV 11-50978FMO (SSx)                                  |
| A  |

# SCREENING ARRANGEMENT

In order to ensure that I do not participate in matters relating to any of the entities listed above, I will instruct Sylvia Quast, Regional Counsel for EPA Region IX, to assist in screening EPA matters directed to my attention that involve those entities. All inquiries and comments involving the entities on my recusal list should be directed to Sylvia Quast without my knowledge or involvement until after my recusal period ends.

If Sylvia Quast determines that a particular matter will directly involve any of the entities or matters listed on my "specific party" recusal list, then she will refer it for action or assignment to another, without my knowledge or involvement. In the event that she is unsure whether an issue is a particular matter from which I am recused, then she will consult with OGC/Ethics for a determination. I will provide a copy of this memorandum to my principal subordinates with a copy to Justina Fugh, Senior Counsel for Ethics.

### UPDATE AS NECESSARY

In consultation with OGC/Ethics, I will revise and update my recusal statement whenever warranted by changed circumstances, including changes in my financial interests, changes in my personal or business relationships, or any changes to my EPA duties. In the event of any changes to my screening arrangement, I will provide a copy of the revised recusal statement to you and OGC/Ethics.

cc: Debbie Jordan, Deputy Regional Administrator Sylvia Quast, Regional Counsel Steven Jawgiel, Regional Ethics Counsel Justina Fugh, Senior Counsel for Ethics

From: Fugh, Justina [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=54AFBE2E36D3481C8C52D27BA3979D47-JFUGH]

**Sent**: 6/6/2018 1:56:55 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Jawgiel, Steven [Jawgiel.Steven@epa.gov]; Ross, Margaret [Ross.Margaret@epa.gov]

**Subject**: Good news (sort of!)

### Hi there,

We have prevailed upon the powers-that-be to merge your existing nominee report with your EPA account. You should be able now to begin working on your new entrant report (and we sent you a notification reminder from INTEGRITY). If you didn't see the notification, then you will want to be sure that your Outlook settings allow for messages from integrity.gov. Check your spam, clutter and junk folders too.

In thinking about what pitfalls may await you, consider the following:

• You may need to reset your INTEGRITY password. To do so, follow these directions:

### Login Walkthrough

- 1. Go to Integrity.gov.
- 2. Click on the "Login to Integrity" button.
- 3. You will be taken to MAX.gov for authentication. If you already have MAX.gov credentials, enter them. A new window will open in Integrity.
- 4. If you do not have MAX.gov credentials, click "Forgot or Change Your Password."
- 5. Enter your government email address. You will receive an email from MAX.gov with your credentials. You will be asked to change them when you authenticate through MAX.gov.
- 6. A new window will open in Integrity. Enter your contact information if you haven't already done so.
- You probably have an existing max.gov account but it may still be tied to your personal email address. If so, you'll want to change that user ID to your EPA email address too.
- When you get into INTEGRITY, please go to <settings> and <my contact info> to change your EPA
  address to the San Francisco location. I incorrectly provided the LA field office location, so you'll want
  the address to be correct. I can't change that for you now.

Good luck with your report! If you have any questions, please let Margaret Ross (202 564 3221) or me know. Justina

Justina Fugh | Senior Counsel for Ethics | Office of General Counsel | US EPA | Mail Code 2311A | Room 4308 North, William Jefferson Clinton Federal Building | Washington, DC 20460 (for ground deliveries, use 20004 for the zip code) | phone 202-564-1786 | fax 202-564-1772

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**Sent**: 7/17/2018 7:22:02 PM

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**CC**: Griffo, Shannon [Griffo.Shannon@epa.gov]

Subject: FW: For Your Awareness - FOIA Release of Your Recusal Statement

Attachments: Michael Stoker Signed Recusal Statement 6\_4\_18.pdf

Just FYI

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If Sylvia Quast determines that a particular matter will directly involve any of the entities or matters listed on my "specific party" recusal list, then she will refer it for action or assignment to another, without my knowledge or involvement. In the event that she is unsure whether an issue is a particular matter from which I am recused, then she will consult with OGC/Ethics for a determination. I will provide a copy of this memorandum to my principal subordinates with a copy to Justina Fugh, Senior Counsel for Ethics.

### UPDATE AS NECESSARY

In consultation with OGC/Ethics, I will revise and update my recusal statement whenever warranted by changed circumstances, including changes in my financial interests, changes in my personal or business relationships, or any changes to my EPA duties. In the event of any changes to my screening arrangement, I will provide a copy of the revised recusal statement to you and OGC/Ethics.

cc: Debbie Jordan, Deputy Regional Administrator Sylvia Quast, Regional Counsel Steven Jawgiel, Regional Ethics Counsel Justina Fugh, Senior Counsel for Ethics

### Appointment

From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 9/19/2018 5:07:30 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]; Jawgiel, Steven [Jawgiel.Steven@epa.gov]; Quast, Sylvia

[Quast.Sylvia@epa.gov]; Jordan, Deborah [Jordan.Deborah@epa.gov]; Miller, Amy [miller.amy@epa.gov]; Strauss,

Alexis [Strauss.Alexis@epa.gov]; Hage, Christopher [hage.christopher@epa.gov]

**Subject**: RA travel ethics

Location: 19333

**Start**: 9/26/2018 3:30:00 PM **End**: 9/26/2018 4:00:00 PM

Show Time As: Busy

#### Appointment

From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 9/19/2018 4:12:30 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]; Jawgiel, Steven [Jawgiel.Steven@epa.gov]; Quast, Sylvia

[Quast.Sylvia@epa.gov]; Jordan, Deborah [Jordan.Deborah@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov];

Hage, Christopher [hage.christopher@epa.gov]; Miller, Amy [Miller.Amy@epa.gov]

Subject: Canceled: RA travel ethics briefing

Location: 19333

**Start**: 10/2/2018 4:00:00 PM **End**: 10/2/2018 4:30:00 PM

Show Time As: Free

Importance: High

This was on calendar twice

From: Jawgiel, Steven [Jawgiel.Steven@epa.gov]

**Sent**: 5/22/2018 10:23:39 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

**CC**: Miller, Amy [Miller.Amy@epa.gov]

Subject: Ethics Pledge

Attachments: Michael Stoker\_ Ethics Pledge.pdf

### Mike,

First, I want to congratulate you on your first successful Region 9 all-hands meeting. Everyone seemed to appreciate that you made yourself available for questions and your candid responses to those questions.

Second, I attached your signed Ethics Pledge so you can keep a copy for your personal files. I will maintain a copy and Justina Fugh will maintain the original.

Safe travels over the next few weeks.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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### ETHICS PLEDGE

As a condition, and in consideration, of my employment in the United States Government in an appointee position invested with the public trust, I commit myself to the following obligations, which I understand are binding on me and are enforceable under law:

- 1. I will not, within 5 years after the termination of my employment as an appointee in any executive agency in which I am appointed to serve, engage in lobbying activities with respect to that agency.
- 2. If, upon my departure from the Government, I am covered by the post-employment restrictions on communicating with employees of my former executive agency set forth in section 207(c) of title 18. United States Code, I agree that I will abide by those restrictions.
- 3. In addition to abiding by the limitations of paragraphs 1 and 2, I also agree, upon leaving Government service, not to engage in lobbying activities with respect to any covered executive branch official or non-career Senior Executive Service appointee for the remainder of the Administration.
- 4. I will not, at any time after the termination of my employment in the United States Government, engage in any activity on behalf of any foreign government or foreign political party which, were it undertaken on January 20, 2017, would require me to register under the Foreign Agents Registration Act of 1938, as amended.
- 5. I will not accept gifts from registered lobbyists or lobbying organizations for the duration of my service as an appointee.
- 6. I will not for a period of 2 years from the date of my appointment participate in any particular matter involving specific parties that is directly and substantially related to my former employer or former clients, including regulations and contracts.
- 7. If I was a registered lobbyist within the 2 years before the date of my appointment, in addition to abiding by the limitations of paragraph 6, I will not for a period of 2 years after the date of my appointment participate in any particular matter on which I lobbied within the 2 years before the date of my appointment or participate in the specific issue area in which that particular matter falls.
- 8. I agree that any hiring or other employment decisions I make will be based on the candidate's qualifications, competence, and experience.
- 9. I acknowledge that the Executive Order entitled "Ethics Commitments by Executive Branch Appointees," issued by the President on January 28, 2017, which I have read before signing this document, defines certain terms applicable to the foregoing obligations and sets forth the methods for enforcing them. I expressly accept the provisions of that Executive Order as a part of this agreement and as binding on me. I understand that the obligations of this pledge are in addition to any statutory or other legal restrictions applicable to me by virtue of Government service.

| Michel B Ston                                      | 5-21-10,2018 |
|--|--------------|
| Signature  | Date         |
| MICHAEL B STOKER                                   |              |
| Print or type your full name (last, first, middle) |              |

### Appointment

From: Miller, Amy [Miller.Amy@epa.gov]

**Sent**: 9/26/2018 2:44:03 PM

To: Jawgiel, Steven [Jawgiel.Steven@epa.gov]; Quast, Sylvia [Quast.Sylvia@epa.gov]; Jordan, Deborah

[Jordan.Deborah@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov]; Hage, Christopher

[hage.christopher@epa.gov]; Miller, Amy [Miller.Amy@epa.gov]

Subject: Canceled: RA travel ethics briefing

Location: 19333

**Start**: 10/2/2018 4:00:00 PM **End**: 10/2/2018 4:30:00 PM

Show Time As: Free

Importance: High

This was on calendar twice

From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 7/20/2018 2:58:37 AM

To: Jawgiel, Steven [Jawgiel.Steven@epa.gov]
CC: Quast, Sylvia [Quast.Sylvia@epa.gov]

Subject: Re: Financial Disclosure Form (OGE Form-278)

This Steven. Your the best.

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jul 19, 2018, at 7:31 PM, Jawgiel, Steven <a href="mailto:Steven@epa.gov">Jawgiel.Steven@epa.gov</a> wrote:

Hello Mike.

I reviewed the edited version of your financial disclosure form yesterday and informed Justina that I thought it was ready to submit to the Office of Government Ethics (OGE). I asked Justina whether she prefers me to submit your form to OGE or if she would like her office to submit it. I was in a deposition all day and Have not heard back from Justina. I will follow up with her and wrap this up ASAP.

I will keep you updated. Thanks, Mike.

Steven L. Jawgiel
Assistant Regional Counsel
U.S. EPA, Region IX
75 Hawthorne Street, ORC-1
San Francisco, California 94105
T: (415) 972-3876

F: (415) 947-3570

E: jawgiel.steven@epa.gov

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From: Stoker, Michael B.

Sent: Thursday, July 12, 2018 8:36 AM

To: Jawgiel, Steven < Jawgiel. Steven@epa.gov>

Subject: RE: Financial Disclosure Form (OGE Form-278)

Steve,

I think we are good. Can you verify its signed.

Thx,

Michael Stoker

EPA Regional Administrator-Region 9 Cell (213) 215-3104

From: Jawgiel, Steven

Sent: Thursday, July 5, 2018 2:38 PM

To: Stoker, Michael B. <stoker.michael@epa.gov>

Cc: Miller, Amy <Miller.Amy@epa.gov>

Subject: RE: Financial Disclosure Form (OGE Form-278)

Hello Mike.

Hope you had a great 4th too!

Now that you have a an EPA Identification Card (aka PIV/CAC card), you should be able to log into Integrity while that card is inserted into your computer. When you are at the Integrity login page, select the "Login with Your PIV/CAC Card" option. You will then be asked to enter your PIV/CAC PIN, which is the same PIN number that you use to login to your computer every day. If you continue to have problems, let me know and I will schedule some time with you next week to assist you the process.

If I don't hear from you, have a great weekend!

Steven L. Jawgiel
Assistant Regional Counsel
U.S. EPA, Region IX
75 Hawthorne Street, ORC-1
San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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From: Stoker, Michael B.

Sent: Wednesday, July 4, 2018 10:29 AM

To: Jawgiel, Steven < <u>Jawgiel.Steven@epa.gov</u>>
Cc: Miller, Amy < <u>Miller.Amy@epa.gov</u>>

Subject: Re: Financial Disclosure Form (OGE Form-278)

Thx Steven. Let me know what I need to log on or better yet how about we do it at HQ when I am up there next Wednesday and Thursday? Have a great 4th or hope you had a great one depending on when you read this.

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104 On Jul 3, 2018, at 12:42 PM, Jawgiel, Steven <a href="mailto:Steven@epa.gov">Steven@epa.gov</a>> wrote:

Hello Mike.

Just writing to let you know I made the necessary edits to your Form-278, and it is now ready for you to review it and to resubmit it if the edits meet your approval.

Don't hesitate to contact me with any questions, and have a great 4<sup>th</sup>!!!

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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From: Jawgiel, Steven [Jawgiel.Steven@epa.gov]

**Sent**: 7/19/2018 11:31:19 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]
CC: Quast, Sylvia [Quast.Sylvia@epa.gov]

Subject: RE: Financial Disclosure Form (OGE Form-278)

#### Hello Mike.

I reviewed the edited version of your financial disclosure form yesterday and informed Justina that I thought it was ready to submit to the Office of Government Ethics (OGE). I asked Justina whether she prefers me to submit your form to OGE or if she would like her office to submit it. I was in a deposition all day and Have not heard back from Justina. I will follow up with her and wrap this up ASAP.

I will keep you updated. Thanks, Mike.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

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From: Stoker, Michael B.

Sent: Thursday, July 12, 2018 8:36 AM

To: Jawgiel, Steven < Jawgiel. Steven@epa.gov>

Subject: RE: Financial Disclosure Form (OGE Form-278)

Steve

I think we are good. Can you verify its signed.

Thx, Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

From: Jawgiel, Steven

Sent: Thursday, July 5, 2018 2:38 PM

To: Stoker, Michael B. <stoker.michael@epa.gov>

Cc: Miller, Amy < Miller. Amy@epa.gov>

Subject: RE: Financial Disclosure Form (OGE Form-278)

Hello Mike.

Hope you had a great 4th too!

Now that you have a an EPA Identification Card (aka PIV/CAC card), you should be able to log into Integrity while that card is inserted into your computer. When you are at the Integrity login page, select the "Login with Your PIV/CAC Card" option. You will then be asked to enter your PIV/CAC PIN, which is the same PIN number that you use to login to your computer every day. If you continue to have problems, let me know and I will schedule some time with you next week to assist you the process.

If I don't hear from you, have a great weekend!

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

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E: jawgiel.steven@epa.gov

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From: Stoker, Michael B.

Sent: Wednesday, July 4, 2018 10:29 AM
To: Jawgiel, Steven < <u>Jawgiel.Steven@epa.gov</u>>
Cc: Miller, Amy < Miller.Amy@epa.gov>

Subject: Re: Financial Disclosure Form (OGE Form-278)

Thx Steven. Let me know what I need to log on or better yet how about we do it at HQ when I am up there next Wednesday and Thursday? Have a great 4th or hope you had a great one depending on when you read this.

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jul 3, 2018, at 12:42 PM, Jawgiel, Steven <a href="mailto:Steven@epa.gov">Jawgiel</a>. Steven@epa.gov</a>> wrote:

Hello Mike.

Just writing to let you know I made the necessary edits to your Form-278, and it is now ready for you to review it and to resubmit it if the edits meet your approval.

Don't hesitate to contact me with any questions, and have a great 4<sup>th</sup>!!!

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105 T: (415) 972-3876

F: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 7/19/2018 10:23:21 PM

To: Nitsch, Chad [Nitsch.Chad@epa.gov]

CC: Richardson, RobinH [Richardson.RobinH@epa.gov]; Lyons, Troy [lyons.troy@epa.gov]; Aarons, Kyle

[Aarons.Kyle@epa.gov]; Jawgiel, Steven [Jawgiel.Steven@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov]

**Subject**: Re: Ethics docs for release

Thx.

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jul 19, 2018, at 4:02 PM, Nitsch, Chad < Nitsch.Chad@epa.gov > wrote:

Mike,

Nice to meet you in DC at the SLC. Per our conversation, here is the ethics pledge and recusal statement that OCIR will be sending to the Hill.

Thank you,

Chad Nitsch State and Regional Partnerships Office of Congressional and Intergovernmental Relations United States Environmental Protection Agency 202-564-4714

From: Aarons, Kyle

**Sent:** Wednesday, July 18, 2018 12:44 PM **To:** Nitsch, Chad < <u>Nitsch.Chad@epa.gov</u>> **Subject:** RE: Ethics docs for release

Sorry, I missed Michael Stoker's pledge.

Kyle Aarons Congressional Affairs U.S. Environmental Protection Agency 202-564-7351

From: Aarons, Kyle

**Sent:** Wednesday, July 18, 2018 12:42 PM **To:** Nitsch, Chad < <u>Nitsch.Chad@epa.gov</u>>

Subject: Ethics docs for release

Hi Chad – We have some additional ethics docs set for release to the hill and via FOIA on Friday:

Michael Stoker's recusal statement Doug Benevento's updated recusal statement

# Emily Lindley's impartiality determination

Please let these folks know.

Thanks, Kyle

Kyle Aarons Congressional Affairs U.S. Environmental Protection Agency 202-564-7351

<Stoker Ethics Pledge 7\_17\_18.pdf>

<Michael Stoker Signed Recusal Statement 6\_4\_18.pdf>

From: Jawgiel, Steven [Jawgiel.Steven@epa.gov]

**Sent**: 6/20/2018 8:32:49 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Miller, Amy [Miller.Amy@epa.gov]; Jordan, Deborah [Jordan.Deborah@epa.gov]; Quast, Sylvia

[Quast.Sylvia@epa.gov]

**Subject**: Gift Overview, Re: Young America's Foundation

#### Hello Mike.

Here is a brief overview of the Government's gift rules as they apply to the Young America's Foundation, which is a 501(c)(3) nonprofit organization. Please note, the information below applies to gifts offered to you personally as opposed to travel-related gifts that technically go to EPA. As you have experienced over the past few weeks, we use EPA's ethics travel form to authorize the acceptance of travel-related gifts from non-federal sources. Therefore, we will use EPA's ethics travel form to obtain approval for you to accept a travel-related gift, in the form of local travel, from Young America's Foundation for the upcoming trip to the Reagan Ranch. We must go through this process because you are participating in the tour of the Reagan Ranch in your official EPA capacity.

On the other hand, the Government's general gift rules apply when Young America's Foundation offers you a gift in your personal capacity. In these situations, we have to apply a multi-tiered analysis to determine whether you may accept a gift in from this organization. In very general terms, the steps are:

- 1. We must determine if Young America's Foundation is currently a **registered lobbyist** group. Please remember, as a politically appointed SES employee you are subject to the Trump Ethics Pledge, which generally prohibits you from accepting <u>any</u> gift from an individual or organization that is registered as a lobbyist. Although there are certain exceptions to the Lobbyist Gift Ban, they are moot topics here because I researched the U.S. House and the U.S. Senate lobbyist databases and concluded that Young America's Foundation is not a registered lobbyist group. I understand you informed me they are not a politically motivated organization, nonetheless I always conduct this search because I am sometimes surprised who is listed in these two databases, and I want to make sure you are receiving sound ethics advice.
- 2. Next, we must determine if Young America's Foundation is considered a "prohibited source" of a gift under the applicable ethics regulations. Here, an individual or organization is considered a prohibited gift source if: (1) the gift is being given because of your EPA position; (2) the organization is seeking official EPA action from you; (3) the organization is regulated by EPA or seeks to do business with EPA; (4) the organization has interests that may be substantially affected by the performance or nonperformance of your official EPA duties; or (5) the majority of the organization's members fall into categories (2) through (4) above. Based on your conversation earlier today, Young America's Foundation does not fall into any the these categories. Therefore, it is not considered a prohibited gift source under the Government ethics regulations.
- 3. **Gift definition** & 4. **Exceptions to the Gift Rules**: In the interests of being thorough, if we determined the answer to any of the questions in (2) above is "yes", we must assess whether the item or service being offered is considered a "gift", which is pretty much any item or service worth more than \$20. Once we determine the item or service qualifies as a gift, we assess whether any of the regulatory exceptions to the gift prohibition apply. I will not waste your time

discussing the twelve exceptions that might apply to a given fact pattern because they are moot points for purposes of this hypothetical question.

For now, it suffices to say you generally should not have issues accepting gifts from Young America's Foundation because they are not a registered lobbyist group and generally are not considered a prohibited gift source under our ethics regulations. However, I recommend you consult me when Young America's Foundation offers to gift you in your personal capacity because this organization can easily slip into the prohibited source category. For example, if they wish to congratulate you on your new position as Regional Administrator and honor you with a dinner and some type of award, the Foundation will be considered a prohibited source of gifts because they are offering you a dinner because of your affiliation with EPA. In a nutshell, it's always best for you to have a written ethics opinion from me in case any outside entity questions your decision to accept a gift from outside organizations or individuals.

Don't hesitate to call me with any questions. Thank you.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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From: Jawgiel, Steven [Jawgiel.Steven@epa.gov]

**Sent**: 6/5/2018 8:54:13 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

**CC**: Miller, Amy [Miller.Amy@epa.gov]

Subject: RE: Screening Agreement

### Mike,

Justina just informed me you will need to correct your duty station in your Integrity account after you set up your new password. Your duty station is currently set up as Los Angeles instead of San Francisco. Justina tried to change it for you, but the system will not allow her to do so. She thinks, as the holder of the account, you will need to make the change. Let me know if you have any problems making the correction.

### Thanks again.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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From: Stoker, Michael B.

Sent: Tuesday, June 5, 2018 1:38 PM

To: Jawgiel, Steven < Jawgiel. Steven@epa.gov>

**Cc:** Miller, Amy <Miller.Amy@epa.gov> **Subject:** Re: Screening Agreement

Thx so much Steve. Really appreciate it.

Mike

Sent from my iPhone

On Jun 5, 2018, at 1:33 PM, Jawgiel, Steven < <u>Jawgiel.Steven@epa.gov</u>> wrote:

Good afternoon, Mike.

I just got off the phone with Justina. The Office of Government Ethics approved her request to merge your forms, so she is going to do so and set up an account for you this afternoon, if her schedule goes as planned. You and I will receive an email notification

from Justina informing us you now have an EPA form on file. The email will also provide you instructions on how to reset your password. It's my understanding I will have reviewer rights so I can access your form if necessary. Just let me know how I can assist you and I will be happy to do so.

Safe travels.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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From: Stoker, Michael B.

**Sent:** Tuesday, June 5, 2018 12:27 PM

To: Jawgiel, Steven < <u>Jawgiel.Steven@epa.gov</u>>

**Cc:** Miller, Amy < <a href="Miller.Amy@epa.gov">Miller.Amy@epa.gov</a> **Subject:** Re: Screening Agreement

Thx Steve. Can you forward this to Justina that I give my consent for you to review and have access to my form 278 in Integrity. And of course she can call me.

Mike.

Sent from my iPhone

On Jun 5, 2018, at 10:44 AM, Jawgiel, Steven < <u>Jawgiel Steven@epa.gov</u>> wrote:

Hello Mike.

I left Justina Fugh a message informing her that you are making every effort to complete your Form-278 in a timely fashion. As such, we want to check the status on whether EPA was able to migrate the information from your previous Form 278 to a current form. I also informed Justina that you need to update some information to your form. Lastly, I informed Justina you need your Integrity password to log into the Integrity system. I am unable to access any of your information in the Integrity system unless Justina grants me reviewer rights. Therefore, I anticipate she will either contact you directly to provide assistance, or she will grant me reviewer rights so I can assist you. Please let me know if she contacts you directly, otherwise I will continue trying to follow-up with her.

Thanks. Mike.

Steven L. Jawgiel
Assistant Regional Counsel
U.S. EPA, Region IX
75 Hawthorne Street, ORC-1
San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

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From: Miller, Amy

Sent: Tuesday, June 5, 2018 8:24 AM

**To:** Stoker, Michael B. <<u>stoker.michael@epa.gov</u>> **Cc:** Jawgiel, Steven <<u>Jawgiel.Steven@epa.gov</u>>

Subject: Re: Screening Agreement

Can we meet at 8:30 with Steve. There is another matter we need to discuss

Sent from my iPhone

On Jun 5, 2018, at 8:10 AM, Stoker, Michael B. <stoker.michael@epa.gov> wrote:

Steve,

If I could get 5 minutes of your time today to discuss 278 I would really appreciate it.

Mike

Sent from my iPhone

On Jun 4, 2018, at 5:05 PM, Jawgiel, Steven < <u>Jawgiel.Steven@epa.gov</u>> wrote:

Hello Mike.

Attached is a copy of your Screening Agreement for your records. I distributed it to those copied on the memorandum, and will be sending the original to Administrator Pruitt.

Feel free to contact me with any questions. Than you.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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<Michael Stoker's Screening Agreement\_06.04.18.pdf>

From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 6/5/2018 8:37:44 PM

To: Jawgiel, Steven [Jawgiel.Steven@epa.gov]
CC: Miller, Amy [Miller.Amy@epa.gov]

Subject: Re: Screening Agreement

Thx so much Steve. Really appreciate it. Mike

Sent from my iPhone

On Jun 5, 2018, at 1:33 PM, Jawgiel, Steven < Jawgiel. Steven@epa.gov> wrote:

Good afternoon, Mike.

I just got off the phone with Justina. The Office of Government Ethics approved her request to merge your forms, so she is going to do so and set up an account for you this afternoon, if her schedule goes as planned. You and I will receive an email notification from Justina informing us you now have an EPA form on file. The email will also provide you instructions on how to reset your password. It's my understanding I will have reviewer rights so I can access your form if necessary. Just let me know how I can assist you and I will be happy to do so.

Safe travels.

Steven L. Jawgiel
Assistant Regional Counsel
U.S. EPA, Region IX
75 Hawthorne Street, ORC-1
San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

This email, including any attachments, may contain non-public, privileged and/or confidential information solely intended to be conveyed to the designated recipient(s). If you receive this email and are not an intended recipient, please contact me immediately. The unauthorized use, dissemination, distribution, or reproduction of this email and its attachments is strictly prohibited by law.

From: Stoker, Michael B.

**Sent:** Tuesday, June 5, 2018 12:27 PM

To: Jawgiel, Steven < <u>Jawgiel.Steven@epa.gov</u>>

Cc: Miller, Amy < Miller. Amy@epa.gov > Subject: Re: Screening Agreement

Thx Steve. Can you forward this to Justina that I give my consent for you to review and have access to my form 278 in Integrity. And of course she can call me.

Mike.

On Jun 5, 2018, at 10:44 AM, Jawgiel, Steven <a href="mailto:Steven@epa.gov">Jawgiel</a>. Steven@epa.gov</a> wrote:

Hello Mike.

I left Justina Fugh a message informing her that you are making every effort to complete your Form-278 in a timely fashion. As such, we want to check the status on whether EPA was able to migrate the information from your previous Form 278 to a current form. I also informed Justina that you need to update some information to your form. Lastly, I informed Justina you need your Integrity password to log into the Integrity system. I am unable to access any of your information in the Integrity system unless Justina grants me reviewer rights. Therefore, I anticipate she will either contact you directly to provide assistance, or she will grant me reviewer rights so I can assist you. Please let me know if she contacts you directly, otherwise I will continue trying to follow-up with her.

Thanks, Mike.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

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From: Miller, Amy

Sent: Tuesday, June 5, 2018 8:24 AM

**To:** Stoker, Michael B. <<u>stoker.michael@epa.gov</u>> **Cc:** Jawgiel, Steven <<u>Jawgiel.Steven@epa.gov</u>>

Subject: Re: Screening Agreement

Can we meet at 8:30 with Steve. There is another matter we need to discuss

Sent from my iPhone

On Jun 5, 2018, at 8:10 AM, Stoker, Michael B. <stoker.michael@epa.gov> wrote:

Steve,

If I could get 5 minutes of your time today to discuss 278 I would really appreciate it.

Sent from my iPhone

On Jun 4, 2018, at 5:05 PM, Jawgiel, Steven <<u>Jawgiel.Steven@epa.gov</u>> wrote:

Hello Mike.

Attached is a copy of your Screening Agreement for your records. I distributed it to those copied on the memorandum, and will be sending the original to Administrator Pruitt.

Feel free to contact me with any questions. Than you.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

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<Michael Stoker's Screening Agreement 06.04.18.pdf>

From: Jawgiel, Steven [Jawgiel.Steven@epa.gov]

**Sent**: 6/5/2018 8:33:13 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

**CC**: Miller, Amy [Miller.Amy@epa.gov]

Subject: RE: Screening Agreement

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Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

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Thanks, Mike.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

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From: Miller, Amy

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Subject: Re: Screening Agreement

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Sent from my iPhone

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Feel free to contact me with any questions. Than you.

Steven L. Jawgiel
Assistant Regional Counsel
U.S. EPA, Region IX
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<Michael Stoker's Screening Agreement 06.04.18.pdf>

From: Jawgiel, Steven [Jawgiel.Steven@epa.gov]

**Sent**: 6/5/2018 12:05:51 AM

To: Stoker, Michael B. [stoker.michael@epa.gov]

**CC**: Miller, Amy [Miller.Amy@epa.gov]

**Subject**: Screening Agreement

Attachments: Michael Stoker's Screening Agreement\_06.04.18.pdf

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Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

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# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION IX**

75 Hawthorne Street San Francisco, CA 94105

# **MEMORANDUM**

SUBJECT:

Recusal Statement

FROM:

JUSSAL-Michael B. Stoke

Regional Administrator

TO:

E. Scott Pruitt

Administrator

DATE:

June 4, 2018

I have consulted with the Office of General Counsel/Ethics (OGC/Ethics) and been advised about my ethics obligations. This memorandum formally notifies you of my continuing obligation to recuse myself from participating personally and substantially in certain matters in which I have a financial interest, or a personal or business relationship. I also understand that I have obligations pursuant to Executive Order 13770 and the Trump Ethics Pledge that I signed. as well as my own bar obligations.

### FINANCIAL CONFLICTS OF INTEREST

As required by 18 U.S.C. § 208(a), I will not participate personally and substantially in any particular matter in which I know that I have a financial interest directly and predictably affected by the matter, or in which I know that a person whose interests are imputed to me has a financial interest directly and predictably affected by the matter, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2). I understand that the interests of the following persons are imputed to me: any spouse or minor child of mine; any general partner of a partnership in which I am a limited or general partner; any organization in which I serve as officer, director, trustee, general partner or employee; and any person or organization with which I am negotiating or have an arrangement concerning prospective employment.

I have consulted with OGC/Ethics and been advised that I do not currently have any financial conflicts of interest but will remain vigilant and notify OGC/Ethics immediately should my financial situation change.

# OBLIGATIONS UNDER EXECUTIVE ORDER 13770

Pursuant to Section 1, Paragraph 6 of the Executive Order, I understand that I am prohibited from participating in any particular matter involving specific parties involving my sole proprietorship (the Law Offices of Mike Stoker), or any former client to whom I provided legal or consultative services during the past two years is a party or represents a party. I understand that my recusal lasts for two years from the date that I joined federal service.

I have been advised by OGC/Ethics that, for the purposes of this pledge obligation, the term "particular matters involving specific parties" is broadened to include any meetings or other communication relating to the performance of my official duties, unless the communication applies to a particular matter of general applicability and participation in the meeting or other event is open to all interested parties. I am further advised that the term "open to all interested parties" means that the meeting should include a multiplicity of parties representing a diversity of viewpoints. If a former client is present, then I understand that, generally speaking, at least four other parties should be present to ensure that a diversity of viewpoints is represented and not the same united perspective.

### ATTORNEY BAR OBLIGATIONS

Pursuant to my obligations under my bar rules, I recognize that I am obliged to protect the confidences of my former clients. I also understand that I cannot participate in any matter that is the same as or substantially related to the same specific party matter that I participated in personally and substantially while in private practice, unless my bar provides for and I first obtain informed consent and notify OGC/Ethics. I am therefore recusing myself from participation in all matters related to <u>United States of America</u>, et al. v. <u>HVI Cat Canyon</u>, Inc., f/k/a Greka Oil & Gas, Inc., U.S. District Court, Central District of California Case No. CV 11-50978FMO (SSx).

### RECUSALS

Set forth below are my former clients identified in consultation with OGC/Ethics that have or may have environmental interests that could potentially arise with respect to my duties here at EPA, as well as the specific issues areas from which I am recused:

# RECUSAL LIST In effect until April 28, 2020 FORMER EMPLOYER: the Law Firm of Mike Stoker (currently inactive) FORMER CLIENTS: United AG BioSci PRIOR PARTICIPATION IN SPECIFIC PARTY OR RELATED MATTER:

Court, Central District of California Case No. CV 11-50978FMO (SSx)

United States of America, et al. v. HVI Cat Canyon, Inc., f/k/a Greka Oil & Gas, Inc., U.S. District

### SCREENING ARRANGEMENT

In order to ensure that I do not participate in matters relating to any of the entities listed above, I will instruct Sylvia Quast, Regional Counsel for EPA Region IX, to assist in screening EPA matters directed to my attention that involve those entities. All inquiries and comments involving the entities on my recusal list should be directed to Sylvia Quast without my knowledge or involvement until after my recusal period ends.

If Sylvia Quast determines that a particular matter will directly involve any of the entities or matters listed on my "specific party" recusal list, then she will refer it for action or assignment to another, without my knowledge or involvement. In the event that she is unsure whether an issue is a particular matter from which I am recused, then she will consult with OGC/Ethics for a determination. I will provide a copy of this memorandum to my principal subordinates with a copy to Justina Fugh, Senior Counsel for Ethics.

### **UPDATE AS NECESSARY**

In consultation with OGC/Ethics, I will revise and update my recusal statement whenever warranted by changed circumstances, including changes in my financial interests, changes in my personal or business relationships, or any changes to my EPA duties. In the event of any changes to my screening arrangement, I will provide a copy of the revised recusal statement to you and OGC/Ethics.

cc: Debbie Jordan, Deputy Regional Administrator Sylvia Quast, Regional Counsel Steven Jawgiel, Regional Ethics Counsel Justina Fugh, Senior Counsel for Ethics

From: Jawgiel, Steven [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=241C65E4BC984A4C94FCC00EFFCD2B4E-SJAWGIEL]

**Sent**: 6/5/2018 12:05:51 AM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

**CC**: Miller, Amy [Miller.Amy@epa.gov]

BCC: Jawgiel, Steven [Jawgiel.Steven@epa.gov]

Subject: Screening Agreement

Attachments: Michael Stoker's Screening Agreement\_06.04.18.pdf

### Hello Mike.

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Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

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# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION IX**

75 Hawthorne Street San Francisco, CA 94105

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In consultation with OGC/Ethics, I will revise and update my recusal statement whenever warranted by changed circumstances, including changes in my financial interests, changes in my personal or business relationships, or any changes to my EPA duties. In the event of any changes to my screening arrangement, I will provide a copy of the revised recusal statement to you and OGC/Ethics.

cc: Debbie Jordan, Deputy Regional Administrator Sylvia Quast, Regional Counsel Steven Jawgiel, Regional Ethics Counsel Justina Fugh, Senior Counsel for Ethics

From: Jawgiel, Steven [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=241C65E4BC984A4C94FCC00EFFCD2B4E-SJAWGIEL]

**Sent**: 5/22/2018 10:23:39 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Miller, Amy [Miller.Amy@epa.gov]

BCC: Jawgiel, Steven [Jawgiel.Steven@epa.gov]

Subject: Ethics Pledge

Attachments: Michael Stoker\_ Ethics Pledge.pdf

### Mike,

First, I want to congratulate you on your first successful Region 9 all-hands meeting. Everyone seemed to appreciate that you made yourself available for questions and your candid responses to those questions.

Second, I attached your signed Ethics Pledge so you can keep a copy for your personal files. I will maintain a copy and Justina Fugh will maintain the original.

Safe travels over the next few weeks.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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### ETHICS PLEDGE

As a condition, and in consideration, of my employment in the United States Government in an appointee position invested with the public trust, I commit myself to the following obligations, which I understand are binding on me and are enforceable under law:

- 1. I will not, within 5 years after the termination of my employment as an appointee in any executive agency in which I am appointed to serve, engage in lobbying activities with respect to that agency.
- 2. If, upon my departure from the Government, I am covered by the post-employment restrictions on communicating with employees of my former executive agency set forth in section 207(c) of title 18. United States Code, I agree that I will abide by those restrictions.
- 3. In addition to abiding by the limitations of paragraphs 1 and 2, I also agree, upon leaving Government service, not to engage in lobbying activities with respect to any covered executive branch official or non-career Senior Executive Service appointee for the remainder of the Administration.
- 4. I will not, at any time after the termination of my employment in the United States Government, engage in any activity on behalf of any foreign government or foreign political party which, were it undertaken on January 20, 2017, would require me to register under the Foreign Agents Registration Act of 1938, as amended.
- 5. I will not accept gifts from registered lobbyists or lobbying organizations for the duration of my service as an appointee.
- 6. I will not for a period of 2 years from the date of my appointment participate in any particular matter involving specific parties that is directly and substantially related to my former employer or former clients, including regulations and contracts.
- 7. If I was a registered lobbyist within the 2 years before the date of my appointment, in addition to abiding by the limitations of paragraph 6, I will not for a period of 2 years after the date of my appointment participate in any particular matter on which I lobbied within the 2 years before the date of my appointment or participate in the specific issue area in which that particular matter falls.
- 8. I agree that any hiring or other employment decisions I make will be based on the candidate's qualifications, competence, and experience.
- 9. I acknowledge that the Executive Order entitled "Ethics Commitments by Executive Branch Appointees," issued by the President on January 28, 2017, which I have read before signing this document, defines certain terms applicable to the foregoing obligations and sets forth the methods for enforcing them. I expressly accept the provisions of that Executive Order as a part of this agreement and as binding on me. I understand that the obligations of this pledge are in addition to any statutory or other legal restrictions applicable to me by virtue of Government service.

| Michel B Ston                                      | 5-21-10,2018 |
|--|--------------|
| Signature  | Date         |
| MICHAEL B STOKER                                   |              |
| Print or type your full name (last, first, middle) |              |

## Appointment

From: Jawgiel, Steven [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=241C65E4BC984A4C94FCC00EFFCD2B4E-SJAWGIEL]

**Sent**: 9/19/2018 5:15:49 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Accepted: RA travel ethics

Location: 19333

**Start**: 9/26/2018 3:30:00 PM **End**: 9/26/2018 4:00:00 PM

Show Time As: Busy

From: Jawgiel, Steven [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=241C65E4BC984A4C94FCC00EFFCD2B4E-SJAWGIEL]

**Sent**: 7/21/2018 1:02:13 AM

To: Stoker, Michael B. [stoker.michael@epa.gov]
CC: Quast, Sylvia [Quast.Sylvia@epa.gov]

CC: Quast, Sylvia [Quast.Sylvia@epa.gov]
Subject: RE: Financial Disclosure Form (OGE Form-278)

Attachments: When to Report Transactions on the OGE 278 and Sched B - May 2018.docx

Hello Mike.

Per your request, attached is a handy summary regarding when Form 278 filers need to report transactions that might occur between annual reports.

Don't hesitate to contact me with any questions. Hope you had a safe trip back, and have a great weekend!

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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From: Stoker, Michael B.

Sent: Thursday, July 19, 2018 7:59 PM

**To:** Jawgiel, Steven < Jawgiel. Steven@epa.gov> **Cc:** Quast, Sylvia < Quast. Sylvia@epa.gov>

Subject: Re: Financial Disclosure Form (OGE Form-278)

This Steven. Your the best.

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jul 19, 2018, at 7:31 PM, Jawgiel, Steven <a href="mailto:Steven@epa.gov">Jawgiel.Steven@epa.gov</a> wrote:

Hello Mike.

I reviewed the edited version of your financial disclosure form yesterday and informed Justina that I thought it was ready to submit to the Office of Government Ethics

(OGE). I asked Justina whether she prefers me to submit your form to OGE or if she would like her office to submit it. I was in a deposition all day and Have not heard back from Justina. I will follow up with her and wrap this up ASAP.

I will keep you updated. Thanks, Mike.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105 T: (415) 972-3876

F: (415) 947-3570

E: iawqiel.steven@epa.gov

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From: Stoker, Michael B.

Sent: Thursday, July 12, 2018 8:36 AM

To: Jawgiel, Steven < <u>Jawgiel.Steven@epa.gov</u>>

Subject: RE: Financial Disclosure Form (OGE Form-278)

I think we are good. Can you verify its signed.

Thx. Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

From: Jawgiel, Steven

Sent: Thursday, July 5, 2018 2:38 PM

To: Stoker, Michael B. <stoker.michael@epa.gov>

Cc: Miller, Amy < Miller. Amy@epa.gov>

Subject: RE: Financial Disclosure Form (OGE Form-278)

Hello Mike.

Hope you had a great 4th too!

Now that you have a an EPA Identification Card (aka PIV/CAC card), you should be able to log into Integrity while that card is inserted into your computer. When you are at the Integrity login page, select the "Login with Your PIV/CAC Card" option. You will then be asked to enter your PIV/CAC PIN, which is the same PIN number that you use to login to your computer every day. If you continue to have problems, let me know and I will schedule some time with you next week to assist you the process.

If I don't hear from you, have a great weekend!

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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From: Stoker, Michael B.

**Sent:** Wednesday, July 4, 2018 10:29 AM

To: Jawgiel, Steven < <u>Jawgiel.Steven@epa.gov</u>>

Cc: Miller, Amy < Miller. Amy@epa.gov>

Subject: Re: Financial Disclosure Form (OGE Form-278)

Thx Steven. Let me know what I need to log on or better yet how about we do it at HQ when I am up there next Wednesday and Thursday? Have a great 4th or hope you had a great one depending on when you read this.

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jul 3, 2018, at 12:42 PM, Jawgiel, Steven <a href="mailto:slawgiel.Steven@epa.gov">swrote</a>:

Hello Mike.

Just writing to let you know I made the necessary edits to your Form-278, and it is now ready for you to review it and to resubmit it if the edits meet your approval.

Don't hesitate to contact me with any questions, and have a great 4<sup>th</sup>!!!

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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# When to Report Transactions

DUE DATE: The earlier of the following: 30 Days from Notification or 45 Days from Transaction

|   | Periodic<br>Transaction<br>Report | Annual and/or<br>Termination<br>Report |  |
|---|-----------------------------------|--|--|
| Investment Assets   | Report on the OGE 278-T?          | Report on Schedule B of the OGE 278?   |  |
| Transactions of \$1,000 or less   |                                   |  |  |
| <ul> <li>Any asset in which the transaction amount is \$1,000 or less regardless of<br/>the type of asset or who owns the asset</li> </ul>  | No                                | No                                     |  |
| Your investment assets (or jointly held)  |                                   |  |  |
| Your stocks   | Yes                               | Yes                                    |  |
| Your bonds (except U.S. Treasury securities)  | Yes                               | Yes                                    |  |
| Your commodity futures  | Yes                               | Yes                                    |  |
| Your other investment securities  | Yes                               | Yes                                    |  |
| <ul> <li>Assets listed above in your (joint) brokerage accounts, (joint) managed accounts,<br/>IRAs, other retirement accounts, and/or other (joint) investment vehicles</li> </ul> | Yes                               | Yes                                    |  |
| Your spouse's investment assets   |                                   |  |  |
| Spouse's stocks   | Yes                               | Yes                                    |  |
| Spouse's bonds (except U.S. Treasury securities)  | Yes                               | Yes                                    |  |
| Spouse's commodity futures  | Yes                               | Yes                                    |  |
| Spouse's other investment securities  | Yes                               | Yes                                    |  |
| <ul> <li>Assets listed above in spouse's <u>own</u> brokerage account, managed accounts,<br/>IRAs, other retirement accounts, and/or other investment vehicles</li> </ul>           | Yes                               | Yes                                    |  |
| Your dependent child's investment assets  | •                                 |  |  |
| Dependent child's stocks  | Yes                               | Yes                                    |  |
| Dependent child's bonds (except U.S. Treasury securities)   | Yes                               | Yes                                    |  |
| Dependent child's commodity futures   | Yes                               | Yes                                    |  |
| Dependent child's other investment securities   | Yes                               | Yes                                    |  |
| Assets listed above in dependent child's <u>own</u> brokerage account, IRAs, and/or other investment vehicles   | Yes                               | Yes                                    |  |
| Other investment assets irrespective of ownership   |                                   |  |  |
| Real Property   | No                                | Yes <sup>1</sup>                       |  |
| Mutual funds, exchange traded funds, index funds and/or other "excepted investment funds"   | No                                | Yes                                    |  |
| Any asset in which the transaction amount is \$1,000 or less  | No                                | No                                     |  |
| Cash accounts (deposits and/or withdrawals)   | No                                | No                                     |  |
| Money market accounts   | No                                | No                                     |  |
| Money market funds  | No                                | No                                     |  |
| Certificates of deposits  | No                                | No                                     |  |
| US Treasury Securities (e.g., T bills, Treasury bonds, U.S. savings bonds)  | No                                | No                                     |  |
| Federal Government Retirement Accounts (e.g., Thrift Savings Plan)  | No                                | No                                     |  |
| Life insurance and annuities  | No                                | No                                     |  |
| Collectibles  | No                                | No                                     |  |
| <ul> <li>Assets held within an excepted trust<sup>3</sup></li> </ul>  | No                                | No                                     |  |
| Transfer of assets between you, your spouse, and your dependent children  | No                                | No                                     |  |

- (a) widely held (more than 100 participants),
- (b) independently managed arranged so that you neither exercise control nor have the ability to exercise control over the financial interests held by the fund, and
- (c) publicly traded (or available) or widely diversified.

There are several types of investment vehicles that are not excepted investment funds, including (but not limited to) managed accounts, investment clubs, trusts, 529 accounts, brokerage accounts, and individual retirement accounts (IRAs). You should note that the individual assets held within these types of investment vehicles may qualify as EIFs if, for example, your IRA holds a publicly-traded mutual fund. If you have questions about whether a particular asset or investment vehicle is an EIF, contact ethics@epa.gov.

<sup>&</sup>lt;sup>1</sup> Do not report the purchase or sale of your personal residence on Schedule B unless you rent it out at any time during the reporting period.

<sup>&</sup>lt;sup>2</sup> To be an excepted investment fund (EIF), the asset must be:

<sup>&</sup>lt;sup>3</sup> OGC/Ethics must determine that your trust qualifies as an "excepted trust." For help, email ethics@epa.gov.

From: Jawgiel, Steven [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=241C65E4BC984A4C94FCC00EFFCD2B4E-SJAWGIEL]

**Sent**: 7/19/2018 11:31:19 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Quast, Sylvia [Quast.Sylvia@epa.gov]

BCC: Jawgiel, Steven [Jawgiel.Steven@epa.gov]

Subject: RE: Financial Disclosure Form (OGE Form-278)

### Hello Mike.

I reviewed the edited version of your financial disclosure form yesterday and informed Justina that I thought it was ready to submit to the Office of Government Ethics (OGE). I asked Justina whether she prefers me to submit your form to OGE or if she would like her office to submit it. I was in a deposition all day and Have not heard back from Justina. I will follow up with her and wrap this up ASAP.

I will keep you updated. Thanks, Mike.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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From: Stoker, Michael B.

Sent: Thursday, July 12, 2018 8:36 AM

To: Jawgiel, Steven < Jawgiel. Steven@epa.gov>

Subject: RE: Financial Disclosure Form (OGE Form-278)

Steve,

I think we are good. Can you verify its signed.

Thx, Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

From: Jawgiel, Steven

Sent: Thursday, July 5, 2018 2:38 PM

To: Stoker, Michael B. <stoker.michael@epa.gov>

Cc: Miller, Amy < Miller. Amy@epa.gov>

Subject: RE: Financial Disclosure Form (OGE Form-278)

Hello Mike.

Hope you had a great 4th too!

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If I don't hear from you, have a great weekend!

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From: Stoker, Michael B.

Sent: Wednesday, July 4, 2018 10:29 AM

To: Jawgiel, Steven < <u>Jawgiel.Steven@epa.gov</u>>
Cc: Miller, Amy < <u>Miller.Amy@epa.gov</u>>

Subject: Re: Financial Disclosure Form (OGE Form-278)

Thx Steven. Let me know what I need to log on or better yet how about we do it at HQ when I am up there next Wednesday and Thursday? Have a great 4th or hope you had a great one depending on when you read this.

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jul 3, 2018, at 12:42 PM, Jawgiel, Steven <a href="mailto:Steven@epa.gov">Jawgiel.Steven@epa.gov</a>> wrote:

Hello Mike.

Just writing to let you know I made the necessary edits to your Form-278, and it is now ready for you to review it and to resubmit it if the edits meet your approval.

Don't hesitate to contact me with any questions, and have a great 4<sup>th</sup>!!!

Steven L. Jawgiel
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San Francisco, California 94105

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From: Jawgiel, Steven [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=241C65E4BC984A4C94FCC00EFFCD2B4E-SJAWGIEL]

**Sent**: 6/20/2018 8:32:49 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Miller, Amy [Miller.Amy@epa.gov]; Jordan, Deborah [Jordan.Deborah@epa.gov]; Quast, Sylvia

[Quast.Sylvia@epa.gov]

BCC: Jawgiel, Steven [Jawgiel.Steven@epa.gov]
Subject: Gift Overview, Re: Young America's Foundation

### Hello Mike.

Here is a brief overview of the Government's gift rules as they apply to the Young America's Foundation, which is a 501(c)(3) nonprofit organization. Please note, the information below applies to gifts offered to you personally as opposed to travel-related gifts that technically go to EPA. As you have experienced over the past few weeks, we use EPA's ethics travel form to authorize the acceptance of travel-related gifts from non-federal sources. Therefore, we will use EPA's ethics travel form to obtain approval for you to accept a travel-related gift, in the form of local travel, from Young America's Foundation for the upcoming trip to the Reagan Ranch. We must go through this process because you are participating in the tour of the Reagan Ranch in your official EPA capacity.

On the other hand, the Government's general gift rules apply when Young America's Foundation offers you a gift in your personal capacity. In these situations, we have to apply a multi-tiered analysis to determine whether you may accept a gift in from this organization. In very general terms, the steps are:

- 1. We must determine if Young America's Foundation is currently a **registered lobbyist** group. Please remember, as a politically appointed SES employee you are subject to the Trump Ethics Pledge, which generally prohibits you from accepting <u>any</u> gift from an individual or organization that is registered as a lobbyist. Although there are certain exceptions to the Lobbyist Gift Ban, they are moot topics here because I researched the U.S. House and the U.S. Senate lobbyist databases and concluded that Young America's Foundation is not a registered lobbyist group. I understand you informed me they are not a politically motivated organization, nonetheless I always conduct this search because I am sometimes surprised who is listed in these two databases, and I want to make sure you are receiving sound ethics advice.
- 2. Next, we must determine if Young America's Foundation is considered a "prohibited source" of a gift under the applicable ethics regulations. Here, an individual or organization is considered a prohibited gift source if: (1) the gift is being given because of your EPA position; (2) the organization is seeking official EPA action from you; (3) the organization is regulated by EPA or seeks to do business with EPA; (4) the organization has interests that may be substantially affected by the performance or nonperformance of your official EPA duties; or (5) the majority of the organization's members fall into categories (2) through (4) above. Based on your conversation earlier today, Young America's Foundation does not fall into any the these categories. Therefore, it is not considered a prohibited gift source under the Government ethics regulations.
- 3. **Gift definition** & 4. **Exceptions to the Gift Rules**: In the interests of being thorough, if we determined the answer to any of the questions in (2) above is "yes", we must assess whether the item or service being offered is considered a "gift", which is pretty much any item or service

worth more than \$20. Once we determine the item or service qualifies as a gift, we assess whether any of the regulatory exceptions to the gift prohibition apply. I will not waste your time discussing the twelve exceptions that might apply to a given fact pattern because they are moot points for purposes of this hypothetical question.

For now, it suffices to say you generally should not have issues accepting gifts from Young America's Foundation because they are not a registered lobbyist group and generally are not considered a prohibited gift source under our ethics regulations. However, I recommend you consult me when Young America's Foundation offers to gift you in your personal capacity because this organization can easily slip into the prohibited source category. For example, if they wish to congratulate you on your new position as Regional Administrator and honor you with a dinner and some type of award, the Foundation will be considered a prohibited source of gifts because they are offering you a dinner because of your affiliation with EPA. In a nutshell, it's always best for you to have a written ethics opinion from me in case any outside entity questions your decision to accept a gift from outside organizations or individuals.

Don't hesitate to call me with any questions. Thank you.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawqiel.steven@epa.gov

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From: Jawgiel, Steven [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=241C65E4BC984A4C94FCC00EFFCD2B4E-SJAWGIEL]

**Sent**: 6/5/2018 8:54:13 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Miller, Amy [Miller.Amy@epa.gov]

BCC: Jawgiel, Steven [Jawgiel.Steven@epa.gov]

Subject: RE: Screening Agreement

## Mike,

Justina just informed me you will need to correct your duty station in your Integrity account after you set up your new password. Your duty station is currently set up as Los Angeles instead of San Francisco. Justina tried to change it for you, but the system will not allow her to do so. She thinks, as the holder of the account, you will need to make the change. Let me know if you have any problems making the correction.

Thanks again.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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From: Stoker, Michael B.

Sent: Tuesday, June 5, 2018 1:38 PM

To: Jawgiel, Steven < Jawgiel. Steven@epa.gov>

**Cc:** Miller, Amy <Miller.Amy@epa.gov> **Subject:** Re: Screening Agreement

Thx so much Steve. Really appreciate it.

Mike

Sent from my iPhone

On Jun 5, 2018, at 1:33 PM, Jawgiel, Steven <a href="mailto:Steven@epa.gov">Jawgiel</a>. Steven@epa.gov</a> wrote:

Good afternoon, Mike.

I just got off the phone with Justina. The Office of Government Ethics approved her request to merge your forms, so she is going to do so and set up an account for you this afternoon, if her schedule goes as planned. You and I will receive an email notification from Justina informing us you now have an EPA form on file. The email will also provide you instructions on how to reset your password. It's my understanding I will have reviewer rights so I can access your form if necessary. Just let me know how I can assist you and I will be happy to do so.

Safe travels.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

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From: Stoker, Michael B.

**Sent:** Tuesday, June 5, 2018 12:27 PM

To: Jawgiel, Steven < Jawgiel. Steven@epa.gov>

Cc: Miller, Amy < <a href="mailto:Miller.Amy@epa.gov">Miller.Amy@epa.gov</a> Subject: Re: Screening Agreement

Thx Steve. Can you forward this to Justina that I give my consent for you to review and have access to my form 278 in Integrity. And of course she can call me.

Mike.

Sent from my iPhone

On Jun 5, 2018, at 10:44 AM, Jawgiel, Steven <a href="mailto:Steven@epa.gov">Jawgiel</a>. Steven@epa.gov</a> wrote:

Hello Mike.

I left Justina Fugh a message informing her that you are making every effort to complete your Form-278 in a timely fashion. As such, we want to check the status on whether EPA was able to migrate the information from your previous Form 278 to a current form. I also informed Justina that you need to update some information to your form. Lastly, I informed Justina you need your Integrity password to log into the Integrity system. I am unable to access any of your information in the Integrity system unless Justina grants me reviewer rights. Therefore, I anticipate she will either contact you directly to provide assistance, or she will grant me reviewer

rights so I can assist you. Please let me know if she contacts you directly, otherwise I will continue trying to follow-up with her.

Thanks, Mike.

Steven L. Jawgiel
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From: Miller, Amy

Sent: Tuesday, June 5, 2018 8:24 AM

**To:** Stoker, Michael B. <<u>stoker.michael@epa.gov</u>> **Cc:** Jawgiel, Steven <<u>Jawgiel.Steven@epa.gov</u>>

Subject: Re: Screening Agreement

Can we meet at 8:30 with Steve. There is another matter we need to discuss

Sent from my iPhone

On Jun 5, 2018, at 8:10 AM, Stoker, Michael B. <stoker.michael@epa.gov> wrote:

Steve.

If I could get 5 minutes of your time today to discuss 278 I would really appreciate it.

Mike

Sent from my iPhone

On Jun 4, 2018, at 5:05 PM, Jawgiel, Steven <<u>Jawgiel.Steven@epa.gov</u>> wrote:

Hello Mike.

Attached is a copy of your Screening Agreement for your records. I distributed it to those copied on the memorandum, and will be sending the original to Administrator Pruitt. Feel free to contact me with any questions. Than you.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

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<Michael Stoker's Screening Agreement\_06.04.18.pdf>

From: Jawgiel, Steven [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=241C65E4BC984A4C94FCC00EFFCD2B4E-SJAWGIEL]

**Sent**: 6/5/2018 8:33:13 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Miller, Amy [Miller.Amy@epa.gov]

BCC: Jawgiel, Steven [Jawgiel.Steven@epa.gov]

Subject: RE: Screening Agreement

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Safe travels.

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

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From: Stoker, Michael B.

Sent: Tuesday, June 5, 2018 12:27 PM

To: Jawgiel, Steven < Jawgiel. Steven@epa.gov>

Cc: Miller, Amy <Miller.Amy@epa.gov>
Subject: Re: Screening Agreement

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Sent from my iPhone

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<Michael Stoker's Screening Agreement 06.04.18.pdf>

From: Keith, Jennie [Keith.Jennie@epa.gov]

**Sent**: 9/10/2018 2:03:49 PM

To: Jawgiel, Steven [Jawgiel.Steven@epa.gov]; Wong, Beatrice [wong.beatrice@epa.gov]

**Subject**: FW: Embedding Ethics into Your Calendaring Process

Attachments: OVERVIEW - one-pager on ethics vetting of invitations.pdf; BROCHURE - Engage in Ethics.pdf; Michael Stoker Signed

Recusal Statement 6 4 18.pdf

Morning! FYI - here's the email OGC/Ethics sent to your principal. Thanks! Jennie for OGC/Ethics

From: Monson, Mahri On Behalf Of Minoli, Kevin Sent: Thursday, September 06, 2018 4:47 PM To: Stoker, Michael B. <stoker.michael@epa.gov>

Cc: Jordan, Deborah < Jordan. Deborah@epa.gov>; Quast, Sylvia < Quast. Sylvia@epa.gov>; Keith, Jennie

<Keith.Jennie@epa.gov>

Subject: Embedding Ethics into Your Calendaring Process

Dear Mike,

This communication follows up on the ethics presentation provided by the White House on July 19 and Ryan Jackson's email on August 10. In July, Justina Fugh mentioned an upcoming training project OGC/Ethics is undertaking to better support you and your staff regarding appropriate ethics help on scheduling. OGC/Ethics calls this effort "reviewing and/or vetting invitations."

Set forth below is an executive summary, as well as actions we ask you to take. Attached is a quick one-page description of this effort. If you prefer to read more, **click here** for an overview of this ethics counseling practice.

# **EXECUTIVE SUMMARY** and **ACTIONS WE ASK YOU TO TAKE**

# OGC/Ethics hopes to:

- Help prevent conflicts of interest and other ethics issues by embedding ethics review into the calendaring process for principals (principals = Acting Administrator, Deputy Administrator, Assistant Administrators, and Regional Administrators, certain Associate Administrators).
- Ensure principals' staff are alert to possible lobbying gift ban and recusal issues, as well as possible Hatch Act, travel and gift concerns.
- Train a variety of audiences on this process during the month of September 2018.

## The actions we ask you to take:

- Attend the ethics training for principals during the senior staff meeting on Monday, September 10, 2018 at 2:00PM EST. The Administrator's Office extended the meeting by an additional half hour for the training. Please ask your staff to print out the brochure and your recusal documents to bring to the training all attached to this email (if none, that means you have no recusal documents). OGC/Ethics will also coordinate with your local ethics officials so that one of them may attend this training with you.
- Work with your Deputy Ethics Official(s), cc'd on this email, to identify which members of your staff should take the other trainings ethics officials will provide during the month of September, and ensure that they take the training.

Thank you for your support.

Your Designated Agency Ethics Official and Principal Deputy General Counsel,

Kevin Minoli

#### ADDITONAL BACKGROUND INFORMATION

You are already familiar with OGC/Ethics because, when you entered government service, we reviewed your new entrant financial disclosure report and helped to identify your ethics issues. However, the ethics process doesn't stop when you come on board. Proactive ethics counseling is necessary to help you avoid ethics issues and maintain the integrity of agency operations throughout your tenure. One of the ways ethics issues present themselves is through your scheduling process.

Therefore, the best way to help you identify and resolve ethics issues with your calendars is to work more closely with your ethics officials. To that end, OGC/Ethics encourages you to embed ethics in the vetting process of your calendar. Here are just a few of the types of ethics issues that come up:

- President's Ethics Pledge Lobbyist Gift Ban
- Screening for Recusal Obligations
- Gifts
  - Meals related to speaking engagements
  - Receptions
  - Gifts of Travel

- Invitations to Fundraisers
- Invitations to Political Events
- Endorsements

Currently, OGC/Ethics works with the staff of the Administrator, Deputy Administrator, and General Counsel to vet their calendars. Based on our experience, we want to routinize the ethics vetting process across the agency for the most senior leaders to help you "embed ethics" into your calendaring processes. While this is not a new requirement, we're taking this opportunity to implement more consistency and uniformity in this important ethics area.

# IMPLEMENTATION: How to Embed Ethics into Your Scheduling Process

Please ask your staff to work with your local ethics officials to integrate ethics advice into the scheduling process. Your staff should vet the following (at a minimum):

- any external (to the agency) event you are seriously considering <u>prior to</u> confirmation of attendance;
- EPA-hosted meetings at which external parties are present; and
- A detailed travel itinerary (frequently referred to as the travel line-by-line document) when you are in travel status.

To assist your staff, OGC/Ethics will provide your office with several tools to aid in the procedure:

- An event request form for external persons to complete when requesting your
  participation at their event. This form will provide your office with the information it
  needs to determine whether there are any ethics issues (in addition to general logistical
  information required when attending the event).
- Sample templates for ethics officials to use when providing you advice.
- Lobbyist gift ban guidance document for your ethics officials to use and ensure you don't inadvertently accept a gift from a federally registered lobbyist.

Finally, implementation of this process will also involve training. OGC/Ethics is kicking off its training efforts first with a 20-minute session for you. This training is currently scheduled for the senior staff meeting on September 10. We will also work with your Deputy Ethics Official to attend this meeting with you.

In addition to training you, OGC/Ethics will also train the headquarters employees who staff the agency's senior leaders, and your ethics officials. Regional ethics officials will work with regional staffers to train them. Training is necessary to understand the ethics issues that arise and why it's important that ethics review is integrated into the calendaring process. This training will take place in September.

We know that this will take some time to implement and there may be some bumps, as all parties adjust to creating a different calendaring process. Please help support your staff's efforts to make sure the scheduling process works for all and that ethics issues are considered. We will be there for you and help support your staff and ethics officials. By implementing this vetting process, we will make the agency's ethics program more effective, strong, and visible, thereby increasing the awareness of all of our ethics obligations and protecting the public's trust. On behalf of OGC/Ethics, thank you.



Prevention: The goal of the EPA Ethics Program is to prevent ethics problems before they start. By engaging in ethics, knowing your obligations, spotting potential issues, and seeking advice when you're not sure about something, we can build and sustain a culture of ethical federal service. The EPA ethics officials are here to help you every step of the way, but we can't help if you don't ask!

Advice: If you provide all relevant details about a potential ethics issue to your DEO or ADEO in advance, and you rely on their advice, then you cannot be administratively disciplined for relying on it—even if it's wrong. This insulation from disciplinary action applies only if you get your advice from an ethics official in advance and only for non-criminal issues.

Compliance: If an ethics issue does arise, then the EPA Ethics Program will work with you to resolve the issue and achieve ethical compliance. If a violation of an ethics law or regulation has already occurred, then a supervisor may consider disciplinary action or the matter may be referred to the EPA Inspector General. The EPA Ethics Program has no independent investigatory or disciplinary authority.

# Ethical federal service should be a point of pride for all EPA employees.

The EPA Ethics Program works with all EPA employees to implement federal ethics laws and regulations. Every EPA employee plays a vital role in building and maintaining a culture of ethical federal service.



Protect the public trust at EPA

# Contact Us

EPA Ethics Helpline: (202) 564-2200

EPA Ethics email: ethics@epa.gov

https://usepa.sharepoint.com/sites/ OGC\_Work/ethics/



# Steps to Ethics Engagement



Start With the 14 Principles
The Standards of Ethical Conduct
for Employees of the Executive
Branch begin with fourteen general principles.
As an executive branch employee, you must
understand and apply these principles in your
conduct.

# Spot Ethics Issues



Think about situations in which ethics issues might arise for yourself or your colleagues. Supervisors al-

so have a heightened personal responsibility to serve as a role model for subordinates.

#### Get Ethics Advice



Anytime you are unsure about whether or how an ethics rule or principle might apply in a particular

situation, ask for ethics advice. Each EPA program office and region has a Deputy Ethics Official (DEO), and in many cases, an Assistant Deputy Ethics Official (ADEO), whose jobs are to provide you with ethics advice. To find your DEO and ADEO, use the DEO finder tool on the new EPA Ethics SharePoint site.

# 14 Principles of Ethical Conduct

- Public service is a public trust, requiring employees to place loyal-ty to the Constitution, the laws and ethical principles above private gain.
- Employees shall not hold financial interests that conflict with the conscientious performance of duty.
- Employees shall not engage in financial transactions using non-public Government information or allow the improper use of such information to further any private interest.
- An employee shall not solicit or accept any gift or other item of monetary value from any person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or nonperformance of the employee's duties. (Limited exceptions apply.)
- Employees shall put forth honest effort in their performance.
- Employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Government.
- Employees shall not use public office for private gain.

- Employees shall act impartially and not give preferential treatment to any private organization or individual.
- Employees shall protect and conserve Federal property and shall not use it for other than authorized activity.
- Employees shall not engage in outside employment or activities, including seeking or negotiating for employment, that conflict with official Government duties and responsibilities.
- Employees shall disclose waste, fraud, abuse, and corruption to authorities.
- Employees shall satisfy in good faith their obligations as citizens, including all just financial obligations, especially those—such as Federal, State, or local taxes—that are imposed by law.
- Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.
- Employees shall endeavor to avoid any actions creating the appearance that they are violating the law or the ethical standards set forth in this part.

From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 6/27/2018 4:01:42 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov]; Jordan, Deborah

[Jordan.Deborah@epa.gov]; Quast, Sylvia [Quast.Sylvia@epa.gov]

**Subject**: Hold for Ethics

**Location**: R9SF-VTCRoom-19333-10-Big Pine

**Start**: 7/2/2018 7:30:00 PM **End**: 7/2/2018 8:00:00 PM

Show Time As: Busy

From: Strauss, Alexis [Strauss.Alexis@epa.gov]

**Sent**: 6/12/2018 3:44:32 PM

To: Miller, Amy [Miller.Amy@epa.gov]; Stoker, Michael B. [stoker.michael@epa.gov]; Jordan, Deborah

[Jordan.Deborah@epa.gov]; Munoz, Charles [munoz.charles@epa.gov]

Subject: RE: California Visit

Instead, it would be simpler if Mike and Amy fly from HQ to San Francisco on Wed June 27 pm, and host the Administrator in SF on Thursday June 28, then late afternoon fly to Santa Barbara, do the Casmalia event Friday morning and the Reagan Library event Friday afternoon. Charles, if it's possible to arrange the Administrator's visit for June 28, I think the logistics will be easier to arrange.

Alexis Strauss E.P.A. Region 9 75 Hawthorne Street San Francisco, CA 94105 415-972-3572

From: Miller, Amy

**Sent:** Monday, June 11, 2018 12:10 PM

To: Stoker, Michael B. <stoker.michael@epa.gov>; Jordan, Deborah <Jordan.Deborah@epa.gov>; Strauss, Alexis

<Strauss.Alexis@epa.gov>; Munoz, Charles <munoz.charles@epa.gov>

Subject: RE: California Visit

Mike: Does Pruitt have a need to be in the Bay Area on June 29<sup>th</sup>? If not, perhaps we can suggest a superfund site visit in LA. This would be easier for both of you on travel. If you come back to SF we will cover your travel, but we will not be able to pay for your return trip from SF back to Santa Barbara after the Pruitt visit.

Amy C. Miller
Chief of Staff and Agric. Advisor
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

From: Stoker, Michael B.

Sent: Monday, June 11, 2018 11:54 AM

To: Miller, Amy <Miller. Amy@epa.gov>; Jordan, Deborah <Jordan. Deborah@epa.gov>; Strauss, Alexis

<<u>Strauss.Alexis@epa.gov</u>> **Subject:** Fwd: California Visit

Amy,

If I do this does EPA pick up tab for me flying up to SF and back to SB Friday afterward?

Mike

Sent from my iPhone

Begin forwarded message:

From: "Ford, Hayley" < ford.hayley@epa.gov>
Date: June 11, 2018 at 1:37:33 PM CDT

To: "Stoker, Michael B." <stoker.michael@epa.gov>, "Munoz, Charles" <munoz.charles@epa.gov>

Cc: "Kundinger, Kelly" < <a href="mailto:kundinger.kelly@epa.gov">kundinger.kelly@epa.gov</a>, "Bennett, Tate" < <a href="mailto:Bennett.Tate@epa.gov">Bennett.Tate@epa.gov</a>, "Gunasekara, Mandy" < <a href="mailto:Gunasekara.Mandy@epa.gov">Gunasekara.Mandy@epa.gov</a>> Subject: California Visit

Mike/Charles -

We are tentatively tracking the below California visit for the Administrator. Mike, we'd want you to also attend the Region 9 visit so please confirm that you could make this happen. Would love to get your thoughts on any other potential events in these areas that could fit in the schedule while he's out there.

Let us know if the below dates work on your end. Thanks!

#### June 28

Early morning: Fly from CEC in Oklahoma City to California

Late Morning: Casmalia ROD Signing

**Early Afternoon**: Visit to Reagan Ranch (pending ethics approval, we may need to substitute this) **Late Afternoon**: Fly to San Francisco (or early morning on June 29 depending on additional events)

#### <u>June 29</u>

Morning: Region 9 Visit

Late Morning/Early Afternoon: One more event (Mandy in OAR copied here has some air-related event ideas, but also if there are any high-profile Superfund sites near the office, he would be interested in visiting these as well)

Early/Late Afternoon: Fly back to DC

# Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

ford.hayley@epa.gov Phone: 202-564-2022 Cell: 202-306-1296

From: Miller, Amy [Miller.Amy@epa.gov]

**Sent**: 6/11/2018 7:09:52 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]; Jordan, Deborah [Jordan.Deborah@epa.gov]; Strauss, Alexis

[Strauss.Alexis@epa.gov]; Munoz, Charles [munoz.charles@epa.gov]

Subject: RE: California Visit

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Chief of Staff and Agric. Advisor
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

From: Stoker, Michael B.

**Sent:** Monday, June 11, 2018 11:54 AM

To: Miller, Amy <Miller.Amy@epa.gov>; Jordan, Deborah <Jordan.Deborah@epa.gov>; Strauss, Alexis

<Strauss.Alexis@epa.gov>
Subject: Fwd: California Visit

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Sent from my iPhone

Begin forwarded message:

From: "Ford, Hayley" < <a href="mailto:ford.hayley@epa.gov">ford.hayley@epa.gov</a>>
Date: June 11, 2018 at 1:37:33 PM CDT

To: "Stoker, Michael B." <<u>stoker.michael@epa.gov</u>>, "Munoz, Charles" <<u>munoz.charles@epa.gov</u>>, Cc: "Kundinger, Kelly" <<u>kundinger.kelly@epa.gov</u>>, "Bennett, Tate" <<u>Bennett.Tate@epa.gov</u>>, "Chancellor, Erin" <chancellor.erin@epa.gov>, "Gunasekara, Mandy" <Gunasekara.Mandy@epa.gov>

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Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

ford.hayley@epa.gov Phone: 202-564-2022 Cell: 202-306-1296 From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 6/11/2018 6:53:57 PM

To: Miller, Amy [Miller.Amy@epa.gov]; Jordan, Deborah [Jordan.Deborah@epa.gov]; Strauss, Alexis

[Strauss.Alexis@epa.gov]

Subject: Fwd: California Visit

Amy,

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Mike

Sent from my iPhone

Begin forwarded message:

From: "Ford, Hayley" < ford.hayley@epa.gov>
Date: June 11, 2018 at 1:37:33 PM CDT

To: "Stoker, Michael B." <<u>stoker.michael@epa.gov</u>>, "Munoz, Charles" <<u>munoz.charles@epa.gov</u>>
Cc: "Kundinger, Kelly" <<u>kundinger.kelly@epa.gov</u>>, "Bennett, Tate" <<u>Bennett.Tate@epa.gov</u>>,

"Chancellor, Erin" < chancellor.erin@epa.gov>, "Gunasekara, Mandy" < Gunasekara.Mandy@epa.gov>

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Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

ford.hayley@epa.gov Phone: 202-564-2022 Cell: 202-306-1296 From: Strauss, Alexis [Strauss.Alexis@epa.gov]

**Sent**: 8/10/2018 9:36:26 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Jordan, Deborah [Jordan.Deborah@epa.gov]; Hage, Christopher [hage.christopher@epa.gov]; Miller, Amy

[Miller.Amy@epa.gov]; Correa, Laura [correa.laura@epa.gov]

Subject: Re: UPCOMING ETHICS TRAININGS

We shall ensure this training is on your schedule and guides our actions.

Sent from my iPhone

On Aug 10, 2018, at 2:33 PM, Stoker, Michael B. <stoker.michael@epa.gov> wrote:

Amy/Alexis, FYI...

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

#### Begin forwarded message:

From: "Jackson, Ryan" < jackson.ryan@epa.gov> Date: August 10, 2018 at 6:20:47 AM GMT-11

To: "Wheeler, Andrew" <wheeler.andrew@epa.gov>, "Darwin, Henry"

<darwin.henry@epa.gov>, "Wehrum, Bill" <Wehrum.Bill@epa.gov>, "Greaves, Holly"

<greaves.holly@epa.gov>, "Beck, Nancy" <Beck.Nancy@epa.gov>, "Bodine, Susan"

<bodine.susan@epa.gov>, "Leopold, Matt (OGC)" <Leopold.Matt@epa.gov>, "McIntosh,

Chad" <mcintosh.chad@epa.gov>, "Cook, Steven" <cook.steven@epa.gov>, "Wright,

Peter" <wright.peter@epa.gov>, "Yamada, Richard (Yujiro)"

<yamada.richard@epa.gov>, "Ross, David P" <ross.davidp@epa.gov>, "Bolen, Brittany"

<br/><bolen.brittany@epa.gov>, "Lyons, Troy" < iyons.troy@epa.gov>, "Dunn, Alexandra"

<<u>dunn.alexandra@epa.gov</u>>, "Lopez, Peter" <<u>lopez.peter@epa.gov</u>>, "Servidio, Cosmo"

<<u>Servidio.Cosmo@epa.gov</u>>, "Glenn, Trey" <<u>Glenn.Trey@epa.gov</u>>, "Stepp, Cathy"

<stepp.cathy@epa.gov>, "Idsal, Anne" <idsal.anne@epa.gov>, "Gulliford, Jim"

<gulliford.jim@epa.gov>, "Benevento, Douglas" <benevento.douglas@epa.gov>,

"Stoker, Michael B." < stoker.michael@epa.gov>, "Hladick, Christopher"

<hladick.christopher@epa.gov>, "Baptist, Erik" <Baptist.Erik@epa.gov>

Cc: "Minoli, Kevin" <Minoli.Kevin@epa.gov>, "Fugh, Justina" <Fugh.Justina@epa.gov>,

"Keith, Jennie" < Keith. Jennie@epa.gov>

#### **Subject: UPCOMING ETHICS TRAININGS**

#### Dear Colleagues,

As mentioned during the July 19 ethics meeting with speakers from the White House, OGC/Ethics will be conducting training sessions in August on "embedding ethics into the calendaring process." You and your staff must take those trainings and work with your respective ethics officials to integrate ethics review into your scheduling process. Attached is a one-page summary of the effort.

Be sure to read emails from Kevin Minoli, Justina Fugh, and/or Jennie Keith of OGC/Ethics and ensure that you all receive the necessary training. We need to complete the training as quickly as possible.

Ryan

Ryan Jackson Chief of Staff U.S. Environmental Protection Agency (202) 564-6999

<Overview of Embedding Ethics into Calendaring Process.docx>

From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 8/10/2018 9:33:56 PM

To: Jordan, Deborah [Jordan.Deborah@epa.gov]; Hage, Christopher [hage.christopher@epa.gov]; Miller, Amy

[Miller.Amy@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov]

**Subject**: Fwd: UPCOMING ETHICS TRAININGS

Attachments: Overview of Embedding Ethics into Calendaring Process.docx; ATT00001.htm

Amy/Alexis,

FYI...

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

#### Begin forwarded message:

From: "Jackson, Ryan" <<u>jackson.ryan@epa.gov</u>> **Date:** August 10, 2018 at 6:20:47 AM GMT-11

To: "Wheeler, Andrew" <wheeler.andrew@epa.gov>, "Darwin, Henry" <darwin.henry@epa.gov>, "Wehrum, Bill" <Wehrum.Bill@epa.gov>, "Greaves, Holly" <greaves.holly@epa.gov>, "Beck, Nancy" <Beck.Nancy@epa.gov>, "Bodine, Susan" <bodine.susan@epa.gov>, "Leopold, Matt (OGC)" <Leopold.Matt@epa.gov>, "McIntosh, Chad" <mcintosh.chad@epa.gov>, "Cook, Steven" <cook.steven@epa.gov>, "Wright, Peter" <wright.peter@epa.gov>, "Yamada, Richard (Yujiro)" <yamada.richard@epa.gov>, "Ross, David P" <ross.davidp@epa.gov>, "Bolen, Brittany" <bolen.brittany@epa.gov>, "Lyons, Troy" <lyons.troy@epa.gov>, "Dunn, Alexandra" <dunn.alexandra@epa.gov>, "Lopez, Peter" <lopez.peter@epa.gov>, "Servidio, Cosmo" <Servidio.Cosmo@epa.gov>, "Glenn, Trey" <Glenn.Trey@epa.gov>, "Stepp, Cathy" <stepp.cathy@epa.gov>, "Idsal, Anne" <idsal.anne@epa.gov>, "Gulliford, Jim" <gulliford.jim@epa.gov>, "Benevento, Douglas" <br/>
'Benevento, Douglas" <br/>
'Benevento, Douglas" <br/>
'Senevento.douglas@epa.gov>, "Stoker, Michael B." <stoker.michael@epa.gov>, "Hladick, Christopher" <hladick.christopher@epa.gov>, "Baptist, Erik" <br/>
Baptist.Erik@epa.gov>, "Keith, Jennie"

#### Subject: UPCOMING ETHICS TRAININGS

#### Dear Colleagues,

<Keith.Jennie@epa.gov>

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Ryan

Ryan Jackson
Chief of Staff
U.S. Environmental Protection Agency
(202) 564-6999

From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 8/2/2018 7:42:45 PM

To: Strauss, Alexis [Strauss.Alexis@epa.gov]

CC: Miller, Amy [Miller.Amy@epa.gov]; Jordan, Deborah [Jordan.Deborah@epa.gov]

**Subject**: Re: Upcoming travel



Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Aug 2, 2018, at 11:21 AM, Strauss, Alexis < <a href="mailto:Strauss.Alexis@epa.gov">Strauss.Alexis@epa.gov</a>> wrote:

Dear Mike,

As you know, Amy, Deborah and I work closely together to organize your schedule, meetings, and travel, with your stated goals as our priorities. Given the scrutiny of senior executive calendars and travel, we ensure each meeting and trip conforms to established rules, and confer with ethics counsel as needed.

For next week's trip to Honolulu and American Samoa, we recommend against adding a Monday morning external meeting in Los Angeles, which would require a change in your travel documents and an accompanying justification, for DRA approval. We'd be glad to confer with you this afternoon by phone, e.g. at 3:15 pm, following your Morro Bay press availability.

Kind regards, Alexis

Alexis Strauss E.P.A. Region 9 75 Hawthorne Street San Francisco, CA 94105 415-972-3572

From: Strauss, Alexis [Strauss.Alexis@epa.gov]

**Sent**: 8/2/2018 6:21:31 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Miller, Amy [Miller.Amy@epa.gov]; Jordan, Deborah [Jordan.Deborah@epa.gov]

**Subject**: Upcoming travel

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Kind regards, Alexis

Alexis Strauss E.P.A. Region 9 75 Hawthorne Street San Francisco, CA 94105 415-972-3572

From: Jimenez, Ethel [jimenez.ethel@epa.gov]

**Sent**: 5/18/2018 10:19:51 PM

To: Jordan, Deborah [Jordan.Deborah@epa.gov]; Miller, Amy [Miller.Amy@epa.gov]; Quast, Sylvia

[Quast.Sylvia@epa.gov]; Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Ethics Briefing - Michael Stoker and Justina Fugh

**Location**: R9SF-VTCRoom-19333-10-Big Pine

**Start**: 5/21/2018 8:00:00 PM **End**: 5/21/2018 9:30:00 PM

**Show Time As:** Tentative

From: Correa, Laura [correa.laura@epa.gov]

**Sent**: 6/27/2018 5:58:34 PM

To: Strauss, Alexis [Strauss.Alexis@epa.gov]; Jordan, Deborah [Jordan.Deborah@epa.gov]

**Subject**: Canceled: Hold for Ethics

**Start**: 7/2/2018 4:30:00 PM **End**: 7/2/2018 5:00:00 PM

Show Time As: Free

Importance: High

From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 9/6/2018 11:31:09 PM

To: Jordan, Deborah [Jordan.Deborah@epa.gov]; Hage, Christopher [hage.christopher@epa.gov]; Miller, Amy

[Miller.Amy@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov]

**Subject**: Fwd: Embedding Ethics into Your Calendaring Process

Attachments: OVERVIEW - one-pager on ethics vetting of invitations.pdf; ATT00001.htm; BROCHURE - Engage in Ethics.pdf;

ATT00002.htm; Michael Stoker Signed Recusal Statement 6\_4\_18.pdf; ATT00003.htm

Amy,

Please respond and handle.

Michael Stoker

EPA Regional Administrator-Region 9

Cell (213) 215-3104

#### Begin forwarded message:

From: "Minoli, Kevin" < Minoli.Kevin@epa.gov>
To: "Stoker, Michael B." < stoker.michael@epa.gov>

Cc: "Jordan, Deborah" < <a href="mailto:Jordan.Deborah@epa.gov">
Jordan, Deborah@epa.gov</a>>, "Quast, Sylvia" < <a href="mailto:Quast.Sylvia@epa.gov">Quast.Sylvia@epa.gov</a>>, "Keith,

Jennie" < Keith.Jennie@epa.gov>

**Subject: Embedding Ethics into Your Calendaring Process** 

Dear Mike,

This communication follows up on the ethics presentation provided by the White House on July 19 and Ryan Jackson's email on August 10. In July, Justina Fugh mentioned an upcoming training project OGC/Ethics is undertaking to better support you and your staff regarding appropriate ethics help on scheduling. OGC/Ethics calls this effort "reviewing and/or vetting invitations."

Set forth below is an executive summary, as well as actions we ask you to take. Attached is a quick one-page description of this effort. If you prefer to read more, **click here** for an overview of this ethics counseling practice.

# **EXECUTIVE SUMMARY** and **ACTIONS WE ASK YOU TO TAKE**

# OGC/Ethics hopes to:

 Help prevent conflicts of interest and other ethics issues by embedding ethics review into the calendaring process for principals (principals = Acting

- Administrator, Deputy Administrator, Assistant Administrators, and Regional Administrators, certain Associate Administrators).
- Ensure principals' staff are alert to possible lobbying gift ban and recusal issues, as well as possible Hatch Act, travel and gift concerns.
- Train a variety of audiences on this process during the month of September 2018.

# The actions we ask you to take:

- Attend the ethics training for principals during the senior staff meeting on Monday, September 10, 2018 at 2:00PM EST. The Administrator's Office extended the meeting by an additional half hour for the training. Please ask your staff to print out the brochure and your recusal documents to bring to the training – all attached to this email (if none, that means you have no recusal documents). OGC/Ethics will also coordinate with your local ethics officials so that one of them may attend this training with you.
- Work with your Deputy Ethics Official(s), cc'd on this email, to identify which
  members of your staff should take the other trainings ethics officials will
  provide during the month of September, and ensure that they take the
  training.

Thank you for your support.

Your Designated Agency Ethics Official and Principal Deputy General Counsel,

Kevin Minoli

#### ADDITONAL BACKGROUND INFORMATION

You are already familiar with OGC/Ethics because, when you entered government service, we reviewed your new entrant financial disclosure report and helped to identify your ethics issues. However, the ethics process doesn't stop when you come on board. Proactive ethics counseling is necessary to help you avoid ethics issues and maintain the integrity of agency operations throughout your tenure. One of the ways ethics issues present themselves is through your scheduling process.

Therefore, the best way to help you identify and resolve ethics issues with your calendars is to work more closely with your ethics officials. To that end, OGC/Ethics encourages you to embed ethics in the vetting process of your calendar. Here are just a few of the types of ethics issues that come up:

- <!--[if !supportLists]--><!--[endif]-->President's Ethics
   Pledge Lobbyist Gift Ban
- <!--[if !supportLists]--><!--[endif]-->Screening for Recusal Obligations
- <!--[if !supportLists]--><!--[endif]-->Gifts
  - Meals related to speaking engagements
  - Receptions
  - Gifts of Travel

- <!--[if!supportLists]--><!--[endif]--><!nvitations to Fundraisers</li>
- <!--[if !supportLists]--><!--[endif]-->Invitations to Political Events
- <!--[if!supportLists]--><!--[endif]--><Endorsements</li>

Currently, OGC/Ethics works with the staff of the Administrator, Deputy Administrator, and General Counsel to vet their calendars. Based on our experience, we want to routinize the ethics vetting process across the agency for the most senior leaders to help you "embed ethics" into your calendaring processes. While this is not a new requirement, we're taking this opportunity to implement more consistency and uniformity in this important ethics area.

IMPLEMENTATION: How to Embed Ethics into Your Scheduling Process

Please ask your staff to work with your local ethics officials to integrate ethics advice into the scheduling process. Your staff should vet the following (at a minimum):

- <!--[if !supportLists]--><!--[endif]-->any external (to the agency) event you are seriously considering <u>prior to</u> confirmation of attendance;
- <!--[if !supportLists]--><!--[endif]-->EPA-hosted meetings at which external parties are present; and
- A detailed travel itinerary (frequently referred to as the travel line-by-line document) when you are in travel status.

To assist your staff, OGC/Ethics will provide your office with several tools to aid in the procedure:

- <!--[if !supportLists]--><!--[endif]-->An event request form for external persons to complete when requesting your participation at their event. This form will provide your office with the information it needs to determine whether there are any ethics issues (in addition to general logistical information required when attending the event).
- <!--[if !supportLists]--><!--[endif]-->Sample templates for ethics officials to use when providing you advice.
- Lobbyist gift ban guidance document for your ethics officials to use and ensure you don't inadvertently accept a gift from a federally registered lobbyist.

Finally, implementation of this process will also involve training. OGC/Ethics is kicking off its training efforts first with a 20-minute session for you. This training is currently scheduled for the senior staff meeting on September 10. We will also work with your Deputy Ethics Official to attend this meeting with you.

In addition to training you, OGC/Ethics will also train the headquarters employees who staff the agency's senior leaders, and your ethics officials. Regional ethics officials will work with regional staffers to train them. Training is necessary to understand the ethics issues that arise and why it's important that ethics review is integrated into the calendaring process. This training will take place in September.

We know that this will take some time to implement and there may be some bumps, as all parties adjust to creating a different calendaring process. Please help support your staff's efforts to make sure the scheduling process works for all and that ethics issues are considered. We will be there for you and help support your staff and ethics officials. By implementing this vetting process, we will make the agency's ethics program more effective, strong, and visible, thereby increasing the awareness of all of our ethics obligations and protecting the public's trust. On behalf of OGC/Ethics, thank you.

From: Monson, Mahri [Monson.Mahri@epa.gov] on behalf of Minoli, Kevin [Minoli.Kevin@epa.gov]

**Sent**: 9/6/2018 8:46:36 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Jordan, Deborah [Jordan.Deborah@epa.gov]; Quast, Sylvia [Quast.Sylvia@epa.gov]; Keith, Jennie

[Keith.Jennie@epa.gov]

**Subject**: Embedding Ethics into Your Calendaring Process

Attachments: OVERVIEW - one-pager on ethics vetting of invitations.pdf; BROCHURE - Engage in Ethics.pdf; Michael Stoker Signed

Recusal Statement 6\_4\_18.pdf

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- Screening for Recusal Obligations
- Gifts
  - Meals related to speaking engagements
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From: Jordan, Deborah [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B3DBF2D18EC74D249D23EF5B7791E02B-DJORDAN]

**Sent**: 9/20/2018 4:04:58 AM

To: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Accepted: RA travel ethics

Location: 19333

 Start:
 9/26/2018 3:30:00 PM

 End:
 9/26/2018 4:00:00 PM

Recurrence: (none)

From: Jordan, Deborah [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B3DBF2D18EC74D249D23EF5B7791E02B-DJORDAN]

**Sent**: 9/20/2018 4:04:55 AM

To: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Accepted: RA travel ethics briefing

Location: 19333

**Start**: 10/2/2018 4:00:00 PM **End**: 10/2/2018 4:30:00 PM

Recurrence: (none)

From: Jordan, Deborah [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B3DBF2D18EC74D249D23EF5B7791E02B-DJORDAN]

**Sent**: 6/27/2018 6:07:40 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Accepted: Hold for Ethics

**Location**: R9SF-VTCRoom-19333-10-Big Pine

**Start**: 7/2/2018 7:30:00 PM **End**: 7/2/2018 8:00:00 PM

Show Time As: Busy

From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 6/27/2018 5:59:05 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]; Quast, Sylvia [Quast.Sylvia@epa.gov]; Strauss, Alexis

[Strauss.Alexis@epa.gov]; Jordan, Deborah [Jordan.Deborah@epa.gov]

**Subject**: Hold for Ethics

**Location**: R9SF-VTCRoom-19333-10-Big Pine

**Start**: 7/2/2018 7:30:00 PM **End**: 7/2/2018 8:00:00 PM

Show Time As: Busy

From: Stoker, Michael B. [stoker.michael@epa.gov]

**Sent**: 7/10/2018 9:40:16 PM

To: Strauss, Alexis [Strauss.Alexis@epa.gov]
CC: Quast, Sylvia [Quast.Sylvia@epa.gov]
Subject: Re: draft memo to Ryan Jackson



Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jul 10, 2018, at 2:37 PM, Strauss, Alexis <<u>Strauss.Alexis@epa.gov</u>> wrote:

We can do that. Let's discuss options when I see you tomorrow.

Alexis Strauss E.P.A. Region 9 75 Hawthorne Street San Francisco, CA 94105 415-972-3572

From: Stoker, Michael B.

Sent: Tuesday, July 10, 2018 2:35 PM

To: Strauss, Alexis <Strauss.Alexis@epa.gov>; Quast, Sylvia <Quast.Sylvia@epa.gov>

Subject: Re: draft memo to Ryan Jackson

Thx. Is it possible to do a memo from you and Sylvia to me based on at my request your review and opinion regarding me changing my duty station from SF to LA? Will have more clout coming from you two.

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jul 10, 2018, at 1:51 PM, Strauss, Alexis <<u>Strauss.Alexis@epa.gov</u>> wrote:

Mike, I've had Deborah and Sylvia look at this draft. I'm leaving a copy on your desk for you to look at tomorrow.

**Alexis** 

Subject: Regional Administrator Duty Station

From: Michael B. Stoker

Regional Administrator

To: Ryan Jackson

Chief of Staff

In my first two months as Regional Administrator, I've made it a priority to visit each of our EPA offices (San Francisco, Los Angeles, San Diego, and Honolulu) while being an

effective external leader for our organization. Looking at the pattern of my various meetings and associated travel, I'd like to revisit the discussion we began before my appointment with regard to my official duty station. I am very focused on our strategic priorities of Superfund clean-ups, engagement with Tribes, and Mexican Border infrastructure, which for the coming year, lend themselves to a greater Southern California presence. I ask for your support of a one-year trial period in which my duty station is temporarily changed to our So. California Field Office in Los Angeles.

During this one-year trial period, we would continue to monitor the effectiveness of my engagement with direct reports, who join me to support a broad panoply of meetings and in travelling to tribes, states and other partners. I anticipate I would spend roughly half my time traveling and split the other half among the Region 9 offices, with approximately 20% of my time in the San Francisco office and most of the remainder in Los Angeles.

My support team has closely tracked my travel expenses by trip and by month, noting in most cases the lower cost of travel via Los Angeles compared with San Francisco; this information is documented on every travel authorization. I have convened monthly meetings with my Regional ethics counsel to be updated on EPA and federal requirements, to ensure all my actions reflect full compliance with our requirements.

A quick summary of my first two months' calendar and projected fourth-quarter calendar shows the following:

| Month<br>Diego | Days in<br>Honolulu | San Francisco<br>Travel and le | _ | San |   |
|----------------|---------------------|--------------------------------|---|-----|---|
| May            |                     | 2                              | 2 | 0   | 1 |
| 3              |                     |                                |   |     |   |
| June           |                     | 7                              | 0 | 1   | 0 |
| 11             |                     |                                |   |     |   |
| July           |                     | 2                              | 6 | 0   | 0 |
| 9              |                     |                                |   |     |   |
| August         |                     | 0                              | 1 | 1   | 3 |
| 15             |                     |                                |   |     |   |
| September<br>9 |                     | 6                              | 2 | 0   | 0 |

Thus, travel and leave account for roughly 60% of my time during this period, with San Francisco at 22% and Los Angeles at 14%.

I welcome the opportunity to discuss this with you when attending next week's senior leadership meetings in EPA HQ.

Cc: Ken Wagner?
Charles Munoz?

From: Quast, Sylvia [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FE20025C1DDA47CE92E19F6C3C440C90-SQUAST]

**Sent**: 6/27/2018 6:41:06 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Accepted: Hold for Ethics

**Start**: 7/2/2018 7:30:00 PM **End**: 7/2/2018 8:00:00 PM

Recurrence: (none)

From: Quast, Sylvia [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FE20025C1DDA47CE92E19F6C3C440C90-SQUAST]

**Sent**: 9/19/2018 4:14:02 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Accepted: RA travel ethics briefing

Location: 19333

**Start**: 10/2/2018 4:00:00 PM **End**: 10/2/2018 4:30:00 PM

Show Time As: Busy

From: Strauss, Alexis [/o=ExchangeLabs/ou=Exchange Administrative Group

(FYDIBOHF23SPDLT)/cn=Recipients/cn=848eb244e96a4f04a105967ea264320b-ASTRAUSS]

**Sent**: 9/19/2018 5:07:27 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]; Jawgiel, Steven [Jawgiel.Steven@epa.gov]; Quast, Sylvia

[Quast.Sylvia@epa.gov]; Jordan, Deborah [Jordan.Deborah@epa.gov]; Miller, Amy [Miller.Amy@epa.gov]; Strauss,

Alexis [Strauss.Alexis@epa.gov]; Hage, Christopher [hage.christopher@epa.gov]

Subject: RA travel ethics

Location: 19333

**Start**: 9/26/2018 3:30:00 PM **End**: 9/26/2018 4:00:00 PM

Show Time As: Busy

From: Correa, Laura [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5C50055D8FD6453BBD4D897C402F9DDA-CORREA, LAU]

**Sent**: 6/27/2018 4:01:36 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov]; Jordan, Deborah

[Jordan.Deborah@epa.gov]; Quast, Sylvia [Quast.Sylvia@epa.gov]

**Subject**: Hold for Ethics

**Location**: R9SF-VTCRoom-19333-10-Big Pine

**Start**: 7/2/2018 7:30:00 PM **End**: 7/2/2018 8:00:00 PM

Show Time As: Busy

From: Miller, Amy [Miller.Amy@epa.gov]

**Sent**: 6/19/2018 1:45:51 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

Subject: Re: Integrity.gov: Report Assigned

Mike do you have password?

Sent from my iPhone

On Jun 19, 2018, at 6:35 AM, Stoker, Michael B. < stoker.michael@epa.gov> wrote:

Sent from my iPhone

Begin forwarded message:

**From:** Integrity.gov <notifications@integrity.gov>

**Date:** June 6, 2018 at 6:52:45 AM PDT

To: < stoker.michael@epa.gov>

Subject: Integrity.gov: Report Assigned

**Reply-To:** <u>Integrity.gov</u> Notification < <u>notifications@integrity.gov</u>>

Greetings! OGC/Ethics has assigned you a public financial disclosure report in INTEGRITY. Please follow the directions below.

#### NEW ENTRANT REPORT

You are entering a position at EPA that requires you to file the public financial disclosure report, the OGE 278e. If this is your first time completing the report, then please understand that it requires A LOT of specific information. If you previously reported your financial holdings on the OGE-450 confidential financial disclosure form, then be advised that you will have to report MUCH MORE information and in greater detail than you have done previously. As a new entrant filer, you will provide specific information about your own and imputed assets (including diversified mutual funds that are not reportable on the OGE 450), retirement plans, trusts, non-term life insurance) and report how much those assets are worth (i.e., the valuation), and the type and amount of income earned for those assets (even if in a tax-deferred account).

#### INTEGRITY ACCESS REMINDERS

YOU NEED AN UP-TO-DATE internet browser. INTEGRITY requires Internet Explorer 10 and above, Firefox 31.0 or greater, Safari 5 or greater, Google Chrome 36.0 or greater.

Go to <a href="https://www.integrity.gov">https://www.integrity.gov</a>. INTEGRITY will then route you to the OMB's secure system, <a href="https://www.integrity.gov">MAX.gov</a>, for authentication. We already established accounts in <a href="https://www.integrity.gov">MAX.gov</a> and INTEGRITY for you.

Your current <u>MAX.gov</u> ID is your EPA email address. If you are departing EPA, then you need to write to <u>ethics@epa.gov</u> and provide a non-EPA email address. We have to update your accounts for you that aren't based on the EPA email address.

If you've never used <u>MAX.gov</u>, then you'll be prompted to create a password. If you have used <u>MAX.gov</u> before, then use the password you already created to access your account (or reset that password if you forgot or it's now expired). INTEGRITY saves partially completed forms for you so you can return anytime you want.

For problems with <u>MAX.gov</u>, contact them directly for assistance at: <u>MAXSupport@max.gov</u> You can also call them at 202-395-6860

#### INTEGRITY LOG-IN REMINDERS

When you first log-in to INTEGRITY, you will see a "contact information" screen to review and complete. At the bottom, indicate that you have read and agree to the User Agreement, then click Submit to view your account. You'll then land on a "My Tasks" dashboard. That's where you'll see the task assigned you (i.e., your new entrant OGE-278e).

INTEGRITY has helpful resource tools, but you need to be logged on to see them. To learn more about INTEGRITY, check out the "For Filers" tab on the INTEGRITY resource page. If you are having any problems with INTEGRITY itself, send an email to <a href="mailto:ethics@epa.gov">ethics@epa.gov</a>.

# TRANSACTION REMINDERS

Annual and termination public filers must report on certain transactions. Some transactions must be reported periodically (e.g., stocks, bonds), while mutual fund transactions must be reported annually.

If you used INTEGRITY to file your 278Ts, then you can pre-populate your annual or termination reports. Otherwise, you have to enter those transactions yourself.

For additional guidance about filling out the OGE-278 annual and OGE-278-T periodic financial disclosure form, see:

https://www2.oge.gov/Web/278eGuide.nsf or the OGC/Ethics intranet site at http://intranet.epa.gov/ogc/Integrity/Landingpage.html.

#### Message

From: Miller, Amy [Miller.Amy@epa.gov]

**Sent**: 5/24/2018 1:34:07 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

Subject: RE: CIPA Annual Meeting

Funny! Are you talking about your trip to Chicago? Your Chicago trip should be fine. Or are you talking about San Diego to Santa Barbara after CiPA (I am concerned about your car in Burbank. Sorry about all the logistics questions)

Amy C. Miller
Chief of Staff and Agric. Advisor
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

From: Stoker, Michael B.

**Sent:** Thursday, May 24, 2018 6:13 AM **To:** Miller, Amy <Miller.Amy@epa.gov> **Subject:** Re: CIPA Annual Meeting

Good morning best COS ever. Are we going to compete for who can get the least amount of sleep? Right now let's plan on flying back option and get it cleared ethically. See you at 8.

Sent from my iPhone

On May 24, 2018, at 5:52 AM, Miller, Amy < Miller. Amy@epa.gov > wrote:

That is correct (re flying from LA). Another option 0n #2 is we go to LA office friday and at mid day pick up your car at burbank airport and I fly

Home and you drive to san diego (you would get paid for your mileage there)

Sent from my iPhone

On May 24, 2018, at 1:59 AM, Stoker, Michael B. <stoker.michael@epa.gov> wrote:

Looks good. As for 2, I will take train to Burbank. As for 3, I was advised I could fly out of LA, even if it was more, but I would have to pay the difference.

Mike

Sent from my iPhone

On May 23, 2018, at 10:30 PM, Miller, Amy < Miller. Amy@epa.gov > wrote:

Mike: The week after Hawaii this is what your schedule looks like:

June 4- Fly to SFO from Burbank - San Francisco- internal meetings June 5- San Francisco- internal meetings, NDEP, leave for Phoenix, AZ

June 6- Rio Salado, Phoenix, AZ

June 7-Rio Salado, Phoenix, AZ, ADEQ (PPG Event), City of Phoenix- Local

Foods Local Places, Fly to San Diego

June 8-San Diego Field Office, internal briefings, CIPA event

June 9 – San Diego CIPA event speech, return to home. June 10 – Leave for RA meeting- Chicago, IL

#### Several scheduling issues:

- 1. I would recommend that you not go down to Huntington Beach on June 5<sup>th</sup> to meet with Congressman Rohrabacher (as discussed in previous email). I think it is more important to meet in person with NDEP. We can arrange a future meeting with the Congressman.
- 2. CIPA meeting. As we discussed I need to fill out ethics form. Below explains how your travel would be paid. You had proposed to me that they pay your hotel for Friday and your travel back to Santa Barbara. Based on the schedule above, you will not that your car will be in Burbank. How about if we rent car in San Diego and you return it to Burbank? I am thinking it may be easier to have just your hotel paid for by the organization. (Alexis is there any issues with this).
- 3. Lastly for RA meeting and my understanding of your weekend plans you would like to fly out of Los Angeles. This would be contingent on it being comparable to SF ticket.

Amy C. Miller
Chief of Staff and Ag Liaison
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

From: Jawgiel, Steven

Sent: Tuesday, May 22, 2018 12:22 PMTo: Miller, Amy < Miller. Amy@epa.gov >Cc: Strauss, Alexis < Strauss. Alexis@epa.gov >

Subject: RE: CIPA Annual Meeting

Good morning Amy.

Pending OGC Ethics Office approval of Mike's EPA Ethics Travel Form, Mike may speak at this event and accept travel-related gifts from CIPA. It's worth noting, Mike will not be accepting the travel costs as a personal gift. Instead, CIPA will be gifting EPA under applicable provisions of GSA's travel regulations. Therefore, Mike may not personally pay for or personally accept any travel reimbursements from CIPA. He will need to be on an approved TA, and CIPA will either need to pay for the travel-related expenses directly (listed as in-kind on the form) or CIPA will need to reimburse EPA for the covered travel costs. You will need to discuss EPA's reimbursement mechanisms with your AO.

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Don't hesitate to contact me with any questions. Thanks!

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105 T: (415) 972-3876

F: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

This email, including any attachments, may contain non-public, privileged and/or confidential information solely intended to be conveyed to the designated recipient(s). If you receive this email and are not an intended recipient, please contact me immediately. The unauthorized use, dissemination, distribution, or reproduction of this email and its attachments is strictly prohibited by law.

From: Miller, Amy

Sent: Monday, May 21, 2018 9:35 PM

**To:** Jawgiel, Steven < <u>Jawgiel.Steven@epa.gov</u>> **Cc:** Strauss, Alexis < <u>Strauss.Alexis@epa.gov</u>>

Subject: FW: CIPA Annual Meeting

Please advise us if he can attend and if we need to fill out a the form.

It appears he is speaking.
I am not clear from email if we would pay travel

Amy C. Miller
Chief of Staff and Ag Liaison
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

**From:** mikestoker@aol.com [mailto:mikestoker@aol.com]

Sent: Monday, May 21, 2018 4:03 PM To: Miller, Amy < Miller. Amy@epa.gov > Subject: Fwd: CIPA Annual Meeting

Sent from my iPhone

Begin forwarded message:

From: Laura Wilkin < <a href="mailto:lwilkin@cipa.org">lwilkin@cipa.org</a>>
Date: May 18, 2018 at 12:34:38 PM PDT

To: Rock Zierman < rock@cipa.org>.

"mikestoker@aol.com" <mikestoker@aol.com>

Subject: RE: CIPA Annual Meeting

Mike:

Our Annual Meeting will be June 7-10 at the Coronado Island Marriott in San Diego. (I've attached some information with the full schedule of events for your reference.) If you're available to speak at our General Session, that would be mid-morning on Saturday, June 9.

The hotel is nearly sold out for the weekend, so if you think you'll need a room for Friday night (June 8), I should book that now. But if you'd rather just play it by ear and potentially end up staying elsewhere, that's fine too. Please let me know either way.

I'm happy to answer any other questions you have about the meeting.

Congratulations on your appointment and good luck in your new position.

Laura

----Original Message-----From: Rock Zierman

Sent: Friday, May 18, 2018 11:12 AM

To: mikestoker@aol.com

Cc: Laura Wilkin < <a href="mailto:lwilkin@cipa.org">lwilkin@cipa.org</a> Subject: RE: CIPA Annual Meeting

Saw the press release. Congrats! Laura will send info.

Best, Rock

#### ----Original Message----

From: mikestoker@aol.com [mailto:mikestoker@aol.com]

Sent: Friday, May 18, 2018 11:02 AM To: Rock Zierman <rock@cipa.org> Subject: Re: CIPA Annual Meeting

Plz resend info re your annual convention. Appointment happened today. Will be in SF next week and go get my schedule.

Mike

Sent from my iPhone

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>

> Featured speaker. Yes, we can cover any expenses. I'll have our events director email you. Thanks!

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Saturday, June 9, about 500 attendees.
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>>> I'll try and get down for the COLAB dinner. Should
be fun!
>>>
>>> Rock
>>>
>>> Sent from my iPhone
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```

<FILLABLE Ethics Travel Form.pdf>

#### Message

From: Miller, Amy [Miller.Amy@epa.gov]

**Sent**: 5/24/2018 12:52:07 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Re: CIPA Annual Meeting

That is correct (re flying from LA). Another option 0n #2 is we go to LA office friday and at mid day pick up your car at burbank airport and I fly

Home and you drive to san diego (you would get paid for your mileage there)

Sent from my iPhone

On May 24, 2018, at 1:59 AM, Stoker, Michael B. <stoker.michael@epa.gov> wrote:

Looks good. As for 2, I will take train to Burbank. As for 3, I was advised I could fly out of LA, even if it was more, but I would have to pay the difference.

Mike

Sent from my iPhone

On May 23, 2018, at 10:30 PM, Miller, Amy < Miller. Amy@epa.gov> wrote:

Mike: The week after Hawaii this is what your schedule looks like:

June 4- Fly to SFO from Burbank - San Francisco- internal meetings

June 5- San Francisco- internal meetings, NDEP, leave for Phoenix, AZ

June 6- Rio Salado, Phoenix, AZ

June 7-Rio Salado, Phoenix, AZ, ADEQ (PPG Event), City of Phoenix- Local Foods Local

Places, Fly to San Diego

June 8-San Diego Field Office, internal briefings, CIPA event

June 9 – San Diego CIPA event speech, return to home.

June 10 - Leave for RA meeting- Chicago, IL

# Several scheduling issues:

- I would recommend that you not go down to Huntington Beach on June 5<sup>th</sup> to meet with Congressman Rohrabacher (as discussed in previous email). I think it is more important to meet in person with NDEP. We can arrange a future meeting with the Congressman.
- 2. CIPA meeting. As we discussed I need to fill out ethics form. Below explains how your travel would be paid. You had proposed to me that they pay your hotel for Friday and your travel back to Santa Barbara. Based on the schedule above, you will not that your car will be in Burbank. How about if we rent car in San Diego and you return it to Burbank? I am thinking it may be easier to have just your hotel paid for by the organization. (Alexis is there any issues with this).
- 3. Lastly for RA meeting and my understanding of your weekend plans you would like to fly out of Los Angeles. This would be contingent on it being comparable to SF ticket.

Amy C. Miller Chief of Staff and Ag Liaison Office of Regional Administrator U.S. Environmental Protection Agency, Region IX (415) 947-4198 miller.amy@epa.gov

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**Sent:** Tuesday, May 22, 2018 12:22 PM **To:** Miller, Amy < <u>Miller.Amy@epa.gov</u>> **Cc:** Strauss, Alexis < Strauss.Alexis@epa.gov>

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**To:** Rock Zierman < rock@cipa.org > , "mikestoker@aol.com"

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**Sent**: 5/24/2018 5:30:06 AM

To: Stoker, Michael B. [stoker.michael@epa.gov]
CC: Strauss, Alexis [Strauss.Alexis@epa.gov]

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Attachments: FILLABLE Ethics Travel Form.pdf

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>>

Status >>> New Form <<< Status

Status >>> New Traveler Information (click here to open/close)

| Approval to Accept Travel<br>Under Ethics Reform Act of 1989  |  |  |    |
|---|--|--|----|
| Event Location  | Traveler's Role 🛭                                      | Official Duty Outside Activi   | ty |
| Travel Starts   | Travel Ends  |  |    |
| Event Sponsor(s)  | -  |  |    |
| 0   | Purpose of Event 0                                     |  |    |
| <b>DEO</b> or designee  |  |  |    |
| Employee Name   | Spousal expenses included?                             | Yes No   |    |
| Title   |  |  |    |
| Organization  |  |  |    |
| Phone Number  |  |  |    |
| Who is the non-federal person(s) or entit   | ty(s) paying travel expe                               | enses? 0   |    |
| Name of Organization:   |  |  |    |
| Address:  |  |  |    |
| What kind of entity is this? 0  |  |  |    |
|   | ernment College/Univer                                 | -  |    |
| Onot for-profit of foreign government   |  |  |    |
| Describe the entity (source) paying trave organization, describe the membership of the be largely made up of companies which produtake a position on our policies or regulations. | organization. For exampl<br>uce chemicals regulated by | e, the "Center for Sound Science" may<br>your program or interest groups who | ,  |
| Is this source a party to a matter that is per decision, such as a contract or assistance aglicense, etc.? If "Yes", then acceptance of the approved                              | greement matter, permit,                               | Yes No   |    |
| Is this source paying the travel through an E assistance agreement OR FEDERAL Grecipient's matching share)? If "Yes", then a expenses cannot be approved •                        | GRANT (including a                                     | Yes No   |    |
| Is this source otherwise affected by EPA marparticipate?  | tters in which you                                     | Yes  No  |    |
| If "Yes," describe the matter and attach ex   | planation (below). 🛭                                   |  |    |
| Itemization of benefits 0   |  | ETHOD of payment <b>0</b>  | ~  |
| tio   | <b>IN KIND</b><br>\$ cket, meals etc., est. the        |  |    |
| Common carrier transportation   | \$ 0.0   |  |    |
| Meals   | \$ 0.0   | 0.0 \$ 0.0   | 00 |
| Lodging   | \$ 0.0   | 00 \$ 0.0  | 00 |
| Local transportation  | \$ 0.0   | 0.0 \$ 0.0   | 00 |
| Waiver of fees <b>0</b>   | \$ 0.0   | 0.0 \$ 0.0   | 00 |
| Other (specify)   | \$ 0.0   | 0.0 \$ 0.0   | 00 |
|   |  |  |    |
|   | Sub Total \$ 0.0                                       | 00 Sub Total \$ 0.0  | 00 |

| (NOTE: For travel outside the United States, diff  | erent rules may apply. Check with your ethics advisor.) |
|--|---|
| Does this amount exceed the amount payable u<br>Travel Regulations?<br>(see http://www.gsa.gov for per diem rates) | nder Federal Yes No                                     |
| Any other explanations or attachments 0  |   |
| <b>*</b>   | Ja Cauliffrancia  |
| Traveler   | 's Certification  |
| By: 🌡  | Date:   |

#### Message

From: Tillman, Nigel [tillman.nigel@epa.gov]

**Sent**: 5/22/2018 12:35:52 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Personal Matters / Ex. 6
Subject: Welcome to the EPA

Attachments: sf1152.pdf; sf3102.pdf; sf2823.pdf; sf2817.pdf; tsp-1.pdf; sf2809.pdf; Leave Bank Form.pdf; Benefits

Information.pdf; tsp-3.pdf; Whistle Blower Rights Flyers.pdf; Prohibited Practices Flyer.pdf

#### Hello,

I am your HR Benefits/Retirement contact here at the EPA. This email has attached the different benefits forms needed for your onboarding. There are also some attached flyers regarding Whistleblower rights and Prohibited Practices as well.

**Beneficiary forms:** I have attached some beneficiary forms that but need to completed and returned back to me by email. These beneficiary forms need to be signed by two witnesses and yourself if you want to complete them. I also attached the TSP beneficiary form, that forms needs to be sent directly to TSP.

Health Benefits: Here's a link for I'm linking the video Health Benefits Video from the Office of Personnel Management(OPM). It goes over the majority of the health benefits offered to Federal employees. OPM is the governmental body that regulates of the Federal policies that we as Federal employees adhere to. To enroll into FEHB coverage you must complete the last two pages of the SF-2809 and send them back to me. Your coverage will be effective the beginning of the next pay period after you submit the form. For example if you submit your form to me between now and 05/26, your coverage will be effective 05/27. If you submit your form between 05/27 and 06/09, the coverage would start 06/10. You can find links to the plans offered to you in the "Benefits Information" attachment. Most FEHB plans offer some type of limited dental/vision, when picking a plan please keep your dental/vision needs in mind. If you need more coverage you should look for a separate FEDVIP, plan which is offered through Benefeds.

If you want an Flexible spending account, you can enroll through FSAFEDS. The FSA does not provide a debit/card, and any reimbursement for claims must be done manually through their website.

**Employee Express** is the employee payroll portal. On this website you can change your address, update your banking information, change TSP contribution, view pay statements, etc. You should get an email from employee express in about 3 days from your onboarding date, it should include an access code that will allow you to register for the website.

**State Taxes:** If you claim residency outside of your duty station, please let me know and I can provide the corresponding state tax form. You will need to complete the state tax form and return it to me.

**Leave Bank:** If you're interested in the leave bank program please view this link; <u>Leave Bank</u>. The Leave bank is a leave sharing program here at the EPA which is used to allow people to receive up to a maximum of 280 hours if you run out of leave or don't have enough leave to cover certain situations. If you want to sign up for Leave Bank you have 30 days from your hire date to send the form to your leave bank coordinator.

**Life insurance**: You are automatically enrolled into FEGLI coverage at the time of your appointment. If you wish to waive or increase your life insurance, please complete the SF-2817.

**Thrift Savings Plan:** You are automatically enrolled into the TSP, at the start of your appointment. If you wish to stop your TSP, or increase it, please submit an TSP-1 form or make the change via Employee Express.

**Note:** Please make sure to check your first three pay statements to make sure the correct state taxes, benefits deductions, etc. are coming out.

Feel free to contact me with any general questions. My contact information is below. Welcome aboard!

Nigel Tillman Human Resources Specialist U.S. Environmental Protection Agency OARM/HRMD-RTP C635A Research Triangle Park, NC 27711 Phone: 919-541-2070

Fax: 919-541-2186 Tillman.nigel@epa.gov Welcome to the EPA.

This email contains valuable information which you will need to get started here at the EPA.

# If you are eligible for benefits, you have 60 days from the date of your appointment to:

| Enroll in  | First visit  | To enroll or waive enrollment  |
|--|--|--|
| Federal Employee's Health<br>Benefits (FEHB)   | <ul> <li>The Health Insurance Website and</li> <li>For Assistance in choosing a health plan, visit <u>Plan</u></li> <li>Information Pages</li> </ul> | Complete the SF-2809 enrollment form and email the form to Tillman.nigel@epa.gov                                 |
| Enroll in  | First create your profile with   | To enroll visit:   |
| Federal Employee's Dental and/or Vision insurance (FEDVIP)                                       | BENEFEDS   | Enroll In A Plan   |
| Enroll in  | First visit FSAFEDS  | To enroll visit: FSAFEDS.COM   |
| Health Care Flexible Spending Account (HCFSA)  Dependent Care Flexible  Spending Account (DCFSA) | Available Videos:  • HCHSA • DCFSA • LEX HCFSA (See Note)  | Accept the "Terms and Conditions" shown at the bottom of the page then follow the instructions on the screen(s). |
| Spending Account (DCFSA)   | Note: You must be enrolled in a High-  |  |
| Limited Expense Health Care<br>Flexible Spending Account<br>(LEX HCFSA)                          | Deductible Health Plan in order to have a LEX HCFSA  |  |
| Apply for  | For information and to apply visit   | t  |
| Federal Long Term Care<br>Insurance Program<br>(FLTCIP)  | The Federal Long Term Care We  | bsite  |
| Increase or Waive  | First visit The FEGLI Website  | To increase or waive coverage  |
| Federal Employee's Group<br>Life Insurance (FEGLI)   |  | Complete the SF-2817 FEGLI Election form   |
|  |  | *** Please see additional FEGLI information below.   |

# \*\*\* Additional FEGLI Information

- If you are eligible for benefits, you were automatically enrolled in the Basic FEGLI upon your entry on duty.
- You can waive/cancel your FEGLI enrollment at any time. If you wish to do so within your first 60 days of employment, complete the SF-2817 election form. If you wish to do so after 60 days from your entry on duty date, please complete the SF-2817 form and submit it to the Employee Services Branch at and email the form to Tillman.nigel@epa.gov

•

- FEGLI <u>does not have an annual open season</u>. If you do not wish to enroll in any of the additional FEGLI Options within your first 60 days of employment, you will have to have a Qualifying Life Event (QLE) in order to increase your coverage.
- If you waive FEGLI, you must wait for a period of at least one year since the effective date of your waiver of the Basic life insurance, before applying for insurance with an SF-2822.

For information about each program shown above, please visit New Employees Benefits Programs

# **Thrift Savings Plan Information:**

• If you are eligible for benefits, you were automatically enrolled in the Thrift Savings Plan (TSP) and 3% of your basic pay will be deducted from your paycheck each pay period and deposited in the traditional balance of your TSP account. You can change, stop or start your contributions at any time by logging into your <a href="Employee Express"><u>Employee Express</u></a> account. For more information please visit the <a href="TSP website"><u>TSP website.</u></a>

It is <u>VERY IMPORTANT</u> that you educate yourself and learn all you can learn about the Thrift Savings Plan. Learn what it means to contribute to a Traditional TSP vs a ROTH TSP. As an employee covered by the Federal Employee's Retirement System (FERS), your TSP investments will be a major source of income for you once you retire from Federal service.

# **Other Information:**

- Complete applicable Designation of Beneficiary Forms see attachments
- EPA National Leave Bank program Optional to join. If interested, you must join within 30 days after you come on board. Please submit your completed Leave Bank Election Form (See attachment) to your National Leave Bank Coordinator.

**EPA Leave Transfer Program** - An EPA program that allows you to donate annual leave to another employee.

For additional information, please visit the National Leave Bank & Leave Transfer Programs Website

- **COMBINED FEDERAL CAMPAIGN (CFC):** The CFC is the only authorized solicitation of employees in the Federal workplace on behalf of charitable organizations. No other monetary solicitation on behalf of charitable organizations may be conducted in the Federal workplace, without approval. You may enroll within the first 30 days of your employment with the agency or annually during open season. To enroll, login to your <a href="Employee-Express"><u>Employee-Express account.</u></a>
- **FEDERAL CODE OF ETHICS**: Ethics Training must be completed within the first 90 days of your employment with the EPA. Click <a href="here">here</a> to access it. For general information and training on ethics, visit: <a href="maintenance-enanger/ogc/ethics.htm">intranet.epa.gov/ogc/ethics.htm</a> or use the links below to learn more about the following regulations: <a href="The Hatch Act">The Hatch Act</a>

Outside Employment or Activity

Merit System Principles and Prohibited Personnel Practices

• PHYSICAL SECURITY AND PROHIBITED ITEMS: As an EPA employee, you are obligated to carry your federal badge with you at all times while you are on campus. You are required to comply with all requests from campus security personnel, including presenting your badge upon entering the campus. Consistent with executive

Order 12977, firearms, dangerous weapons, explosives, or other destructive devices (including their individual parts or components) are prohibited on campus.

#### • COMPUTER OR IT ISSUES:

EZTech@epa.gov 1-866-411-4372

# **Commonly Utilized Systems**

- People Plus is the system for reporting time and submitting requests for leave.
- <u>Employee Express</u> houses your leave and earning statements (pay stubs). Check your work email for your login information. It is also the system used for making changes to your tax information, FEHB, and TSP.
- <u>Skillport</u> is the system you will access to take all of your required training courses and record your completion.
- <u>cOPF</u> is your electronic Official Personnel File. It contains all your employment documents including appointment data (application documents), employment history (Notification of Personnel Action documents aka "SF-50" which document all of your personnel actions such as your appointment, reassignments, promotions, within-grade step increases, details and others), military service documents (DD214), and various benefits forms. You will receive an email from the eOPF system any time that a document is added to your eOPF.

# **Commonly Utilized Web Addresses:**

Below you will find links to some of the resources mentioned in orientation, as well as a link to the full welcome video. I encourage you to explore these resources for more information about the EPA.

EPA Intranet: http://workplace.epa.gov/

EPA Website: www.epa.gov

EPA New Hire Welcome Video: https://www.youtube.com/watch?v=tzb8LGSN7O4

Learn more about the Agency on the EPA YouTube Channel: https://www.youtube.com/user/USEPAgov

Feel free to contact me with any general questions. My contact information is below.

Welcome aboard!

| \$  | EPA Leave Bank Election Form   |                               |                |   |                               |                 |               |                                       |  |
|---|--|-------------------------------|----------------|---|-------------------------------|-----------------|---------------|---------------------------------------|--|
| NOTICE TO EMPLOYEE: Before completing this form, please read the instructions for Sections I and II on the back. Return the completed form to your Human Resources Office. DO NOT REMOVE YOUR COPY. The Human Resources Office will return it to you. |  |                               |                |   |                               |                 |               |                                       |  |
| I. INFO   |  |                               | Name           |   |                               | Employee ID No. |               |                                       |  |
| ABOU  | T YO   | U                             | Organizati     | on and Address  |                               | Wk. Phone       |               | Date                                  |  |
|   | II. TYPE OF CONTRIBUTION Check all the boxes that apply with an "X"  |                               |                |   |                               |                 |               |                                       |  |
| A. [  |  | of annu                       | ial leave (o   | membership in the EPA Leave Bank. I a r such other amount as the Agency's Leav each leave year for deposit into the EPA | e Bank Board l                | nas establishe  | d for         | this                                  |  |
| В. [  |  | In addition leave to of this: | the EPA        | amount contributed in Box A above, I wis<br>Leave Bank. (Note: A waiver may be requ                                     | sh to donateuired to do this. | See instructi   | hour<br>ons o | rs of annual<br>on the back           |  |
| C. [  |  |                               |                | shown in Box B above, I wish to designate named below. I certify that this employe                                      |                               |                 |               |                                       |  |
| D. [  | D. I hereby wish to contribute annual leave that would otherwise be forfeited at the end of the current leave year to the EPA Leave Bank. By signing the statement below, I certify that I want EPA to deposit, at the conclusion of the current leave year, all leave that I would otherwise forfeit, directly into the Agency Leave Bank. This leave may not be restored. (NOTE: To facilitate and encourage extra donations, the normal limitation for contributing use-or-lose hours is waived during the open season. This waiver is in accordance with the Leave Bank regulations under 5 CFR, Section 630.1005) |                               |                |   |                               |                 |               | posit, at the<br>Agency<br>tions, the |  |
| E. [  |  |                               |                | from EPA's Leave Bank. I understand the or by another qualifying event.   | nat I may not re              | -enroll until t | ne ne         | ext open                              |  |
|   |  |                               |                | Signature   |                               |                 |               |                                       |  |
|   |  |                               |                | Leave Recipient Information   | n                             |                 |               |                                       |  |
| Name  |  |                               |                |   | Emp                           | loyee ID No.    |               |                                       |  |
| Organ   | ization  | and Add                       | lress          |   | Work                          | k Phone No.     |               |                                       |  |
| III. HI   | UMAI   | 1                             |                | Signature of Local Leave Bank Coordinator   |                               |                 | S             | ON                                    |  |
| RESOURCES OFFICE CERTIFICATION (See   |  |                               | Signature      | Date  |                               |                 |               |                                       |  |
| statement on back of form)  |  |                               | orm)           | Effective Date of This Action   | II-A                          | II-A II-B       |               |                                       |  |
| IV. W   | IV. WAIVER  Typed Name and Title of Authorizing Official   |                               |                |   |                               |                 |               |                                       |  |
| If onni:  | oghla -  | mairiar f                     | or II. P       | Signature   |                               |                 |               |                                       |  |
| If applicable, waiver for II-B above is authorized.   |  |                               | л н <b>-</b> D | Date  |                               |                 |               |                                       |  |

# GENERAL INSTRUCTIONS AND INFORMATON ABOUT THE LEAVE BANK PROGRAM

This form is used to: (1) apply for "membership" in the EPA Leave Bank, (2) contribute extra hours beyond your basic membership fee to the Leave Bank, (3) designate all or a portion of the extra contribution in (2) above to a specific individual who is a qualified leave recipient, (4) donate use-or-lose leave to EPA's Leave Bank, and (5) withdraw from EPA's Leave Bank. Complete sections I and II, and return the form to your Human Resources Office.

You may check Box IIA and join the EPA Leave Bank only during an open enrollment period for all Agency employees or during an individual enrollment period if your are a new EPA employee or one returning to EPA from an absence covering an entire open enrollment period.

You may check Boxes IIB and/or IIC and submit this form to the Human Resources Office at any time during the year, including an open enrollment period.

All contributions of leave are deposited in the Bank. They are not returned to you if you leave EPA. Also, if the person to whom you designate leave no longer has the medical emergency, any unused leave is returned to the Bank, not to you.

There are limitations on the total amount of leave you may donate to the Agency Leave Bank in any one year. These limitations are:

- (1) You may not donate more than one half of the amount of annual leave you are projected to earn in a leave year, and
- (2) If you are projected to forfeit leave, you may donate no more than the number of hours you are scheduled to work and receive pay (from the date of the contribution). (EXAMPLE: If you had 80 hours "use-or-lose" leave and only 5 work days remaining in the leave year, the maximum number of hours you could donate would be 40. The other 40 hours will be forfeited.)

Under certain conditions, these two limitations may be waived. If you need to request a waiver to donate leave beyond these limitations, see your Human Resources Officer.

#### INSTRUCTIONS FOR SECTION I

Complete all items in this section. Please type or print legibly with a ballpoint pen.

#### INSTRUCTIONS FOR SECTION II

Check any boxes that apply. "Box A" is used to indicate that you want to enroll as a member of the EPA Leave Bank. The membership "fee" for one year's membership in the Leave Bank is one pay period's accrual of annual leave (i.e., 4,6, or 8 hours) or an amount lower or higher as set by the Agency Leave Bank Board for a particular enrollment period. All basic membership contributions will be deposited in the central Bank. They may not be designated to a recipient.

Use "Box B" to contribute extra hours beyond your basic membership fee. You may make this type of contribution at any time during the year.

Check "Box C" if you want to designate all or a portion of the extra hours you show in "Box B" to a particular EPA employee whom you know is a qualified recipient under the Leave Bank program. You may donate leave to any qualified recipient, other than your immediate supervisor.

Sign on the line provided and turn this form in to your Human Resources Office. Do not send it directly to the Agency Payroll Office.

#### **CERTIFICATION FOR SECTION III**

The Human Resources Official whose signature appears in this section certifies the following:

- (1) That if the applicant has checked Box A under Section II, he or she has submitted this form to the Human Resources Office within the established time limits of either an Agency open enrollment period or an individual enrollment period.
- (2) That if the applicant has checked Box B under Section II, the number of hours contributed either does not exceed the regulatory limitations, or (if it does exceed the limitations) a waiver has been obtained.
- (3) That if the applicant has checked Box C under Section II, the employee designated to receive the leave is a currently qualified leave recipient under the EPA Leave Bank Program.

#### INSTRUCTIONS FOR SECTION IV

This section is completed by the Agency Official authorized to grant any waiver that may be required in order to process this application.



# Prohibited Personnel Practices

# By law, Federal employees may not:

- Discriminate
- Solicit or consider employment recommendations based on factors other than personal knowledge or records of job related abilities or characteristics
- Coerce the political activity of any person
- Deceive or willfully obstruct any person from competing for employment
- Influence any person to withdraw from job competition
- Give an unauthorized preference or advantage to improve or injure the prospects of any particular person for employment
- Engage in nepotism

- Take or threaten to take a personnel action because of whistleblowing
- Take or threaten to take a personnel action because of the exercise of a lawful appeal, complaint, or grievance right
- Discriminate based on personal conduct which does not adversely affect the performance of the employee or other employees
- Knowingly take or fail to take personnel action in the violation of veteran's preference laws
- Violate any law, rule or regulation implementing or directly concerning merit system principles
- Implement or enforce a nondisclosure agreement or policy lacking notification of whistleblower rights

# More information may be obtained from:

U.S. OFFICE OF SPECIAL COUNSEL 1730 M STREET, N.W., SUITE 218 WASHINGTON, DC 20036-4505 WWW.OSC.GOV

PHONE: (202) 254-3600\* TOLL FREE: 1-800-872-9855\*
\*Hearing and Speech Disabled: Federal Relay Service 1-800-877-8339

# **Designation of Beneficiary**

# Unpaid Compensation of Deceased Civilian Employee

Important: Read all instructions before filling in this form

| A. Identification   |   |   |   |   |   |  |  |
|---|---|---|---|---|---|--|--|
| Name (Last, first, middle)  |   | Date of birth   |   | (mm, dd, yyyy)  |   | Social Security Number   |  |
| Department or agency in which present   | tly employed (or fo   | rmer departme   | nt or agency):  |   |   |  |  |
| Department or agency  | Bureau  | Bureau  |   | Division  |   | Location (City, state and ZIP code)  |  |
| I, the employee name<br>designate the beneficiary<br>I understand that this Des<br>way will affect the dispos<br>applicable to my Governn<br>until (1) I expressly chang<br>department or agency of | or beneficiarie<br>signation of Be<br>ition of any be<br>nent service. I<br>se or revoke it i | es named b<br>neficiary re<br>nefit which<br>further und<br>n writing, (2 | elow to rece<br>ates solely to<br>may become<br>lerstand that | ive any <b>unpaid co</b><br>o money due as de<br>e payable under th<br>this Designation o | <b>mpensatio</b><br>fined in 5 U<br>e Retiremer<br>f Beneficiar | n due and payable<br>I.S.C. 5581, 5582,<br>nt or Group Life Ins<br>y will remain in full | after my death.<br>5583, and in no<br>surance Acts<br>force and effect |
| B. Information Concerni   | ng The Bene   | ficiaries (   | See Examp   | oles of Designat  | ions):  |  |  |
| First name, middle initial, a<br>name of each beneficia   |   |   |   | ding ZIP code) of eneficiary  |   | Relationship   | Share to be paid to each beneficiary                                   |
|   |   |   |   |   |   |  |  |
| Date of designation (mm, dd, yyyy)  |   | Your signatur   |   |   |   |  | Total = %  |
| C. Witnesses (A witness We, the undersigned, certify the  | <del>-</del>  |   |   |   | шу,.  |  |  |
| Signature of witness  | γ   | imber and stree   | ······································                        |   | City, state   | and ZIP code   |  |
| Signature of witness  | Nu  | imber and stree   | et  |   | City, state   | City, state and ZIP code   |  |
| Receiving agency certification  |   | hat the des   | ignated share   | es total 100% and t   | hat no witne  | esses are designate  | ed as beneficiaries.   |
| Date received   | Sig   | gnature   |   |   |   |  | Date   |
| Type or print your return addre   | ess to insure re  | turn  |   |   |   |  | <u> </u>   |
|   |   |   |   |   |   |  |  |
|   |   |   |   |   |   |  |  |

U.S. Office of Personnel Management 5 CFR 178

Part 1 - Original

All Previous editions are not usable.

**Clear Form** 

Standard Form 1152 Revised September 2011

**Print Form** 

NSN 7540-00-634-4340

**Save Form** 

**Important** - The filing of this form will completely cancel any Designation of Beneficiary you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

# Examples of Designations

#### 1. HOW TO DESIGNATE ONE BENEFICIARY

Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

| First name, middle initial, and last name of each beneficiary | Address (Including ZIP code) of each beneficiary | Relationship     | Share to be paid to each beneficiary |  |
|---|--|------------------|--------------------------------------|--|
| Mary E. Brown   | 214 Central Avenue<br>Muncie, IN 47303           | Domestic Partner |                                      |  |
|   |  |                  |                                      |  |

#### 2. HOW TO DESIGNATE MORE THAN ONE

Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

| First name, middle initial, and last name of each beneficiary | Address (Including ZIP code) of each beneficiary | Relationship | Share to be paid to<br>each beneficiary |  |
|---|--|--------------|---|--|
| Alice M. Long   | 509 Canal Street<br>Red Bank, NJ 07701           | Aunt         | 25%                                     |  |
| Joseph P. Brady   | 360 Williams Street<br>Red Bank, NJ 07701        | Nephew       | 25%                                     |  |
| Catherine L. Rowe   | 792 Broadway<br>Whiting, IN 46394                | Mother       | 50%                                     |  |

# 3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY

| First name, middle initial, and last name of each beneficiary | Address (Including ZIP code) of each beneficiary | Relationship | Share to be paid to each beneficiary |  |
|---|--|--------------|--------------------------------------|--|
| John M. Parrish, if living                                    | 810 West 180th Street<br>New York, NY 10033      | Father       |                                      |  |
| Otherwise to: Susan A. Parrish                                | 810 West 180th Street<br>New York, NY 10033      | Sister       | 100%                                 |  |
|   |  |              |                                      |  |

#### 4. HOW TO CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (See back of duplicate)

| First name, middle initial, and last<br>name of each beneficiary | Address (Including ZIP code) of each beneficiary | Relationship | Share to be paid to each beneficiary |
|--|--|--------------|--------------------------------------|
| Cancel prior designations  |  |              |                                      |
|  |  |              |                                      |
|  |  |              |                                      |

# **Designation of Beneficiary**

# Unpaid Compensation of Deceased Civilian Employee

Important: Read all instructions before filling in this form

| A. Identification  |  |   |  |  |  |  |
|--|--|---|--|--|--|--|
| Name (Last, first, middle)   | Date of birth  | Date of birth (mm, dd, yyyy)  |  |  | Social Security Number   |  |
| Department or agency in which preser   | ntly employed (or fo   | ormer department or agency)   | ······································ |  |  |  |
| Department or agency   | Bureau   | reau Division Location (City, state a   |  | nd ZIP code)   |  |  |
| I, the employee nam designate the beneficiary I understand that this Deway will affect the disposapplicable to my Governmentil (1) I expressly chang department or agency of | or beneficiarie<br>signation of Be<br>sition of any be<br>ment service. I<br>ge or revoke it | neficiary relates solely<br>enefit which may becol<br>I further understand th<br>in writing, (2) I transfer | ceive any <b>unpaid cor</b>            | <b>mpensatio</b><br>fined in 5 t<br>e Retireme<br>Beneficiar | n due and payable<br>J.S.C. 5581, 5582,<br>nt or Group Life Ins<br>y will remain in full | after my death.<br>5583, and in no<br>surance Acts<br>force and effect |
| B. Information Concerni  | ng The Bene  | ficiaries (See Exan   | nples of Designati                     | ons):  |  |  |
| First name, middle initial, a<br>name of each benefici   |  |   | luding ZIP code) of<br>beneficiary     |  | Relationship   | Share to be paid to each beneficiary                                   |
|  |  |   |  |  |  |  |
| Date of designation (mm, dd, yyyy)   |  | Your signature  |  |  |  | Total = %  |
| C. Witnesses (A witness  | is not eligib  | ole to receive paym   | ent as a beneficia                     | ry):   |  |  |
| We, the undersigned, certify t   | hat this statem  | ent was signed in our p   | presence.                              |  |  |  |
| Signature of witness   | Ni   | umber and street  |  | City, state  | and ZIP code   |  |
| Signature of witness   | Ni   | umber and street  |  | City, state  | and ZIP code   |  |
| Receiving agency certificati   | on   |   |  |  |  |  |
| I have reviewed this designati   | on and certify t   | hat the designated sha  | ares total 100% and th                 | nat no witne   | esses are designate  | ed as beneficiaries.   |
| Date received  | Si   | gnature   |  |  |  | Date   |
| Type or print your return address  | ess to insure re   | eturn   |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| <u></u>  |  |   |  |  |  |  |

NSN 7540-00-634-4340

#### IMPORTANT NOTICE - ORDER OF PRECEDENCE

If there is no designated beneficiary alive at the time of your death, any unpaid compensation owed you (that becomes payable after you die) will be paid to the first person or persons in the order listed below who are alive on the date that entitlement to the payment occurs.

- 1. To your widow or widower.
- 2. If neither of the above, to your child or children in equal shares. The share of any deceased child is distributed to the descendants of that child.
- 3. If none of the above, to your parents in equal shares or the entire amount to the surviving parent.
- 4. If none of the above, to the duly appointed legal representative of your estate. If there is none, to the person or persons entitled under the laws of the State or other domicile where you lived.

You do not need to designate a beneficiary unless you want to name some person or persons not listed above or you want the payment to be made in a different order.

#### **INSTRUCTIONS**

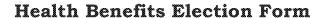
- The examples on the back of the first page of this form may be helpful to you in filling out this form.
- 2. Except for signatures, you should type or print all entries in ink (typing is preferred). You should use this form for any designation of beneficiary or beneficiaries. The form must be signed and witnessed.
- The form should be free of erasures or alterations to avoid a possible legal contest after your death.
- 4. You do not need to fill out a new form when your name or address changes or when the name or address of your beneficiary changes.
- 5. You must complete the form in duplicate and file it with your employing agency. To be valid, your agency must receive the completed form prior to your death. The duplicate will be annotated and returned to you as evidence that the original was received and filed with your agency. We suggest that you file the duplicate with your important papers.
- 6. You can cancel any prior Designation of Beneficiary form without naming a new beneficiary by completing a new form and inserting "Cancel prior designations" in the space provided for the name of beneficiary. This will change the payment to the order of payment described under "Order of Precedence."
- 7. This designation remains valid unless (a) you change or revoke it, (b) you transfer to another agency, or (c) you leave and then are reemployed by the Federal Government. If you are covered by (b) or (c), you must fill out a new form if you want to change the order of payment described under "Order of Precedence."

NOTE: If this form is not available, any designation, change or cancellation of beneficiary that is witnessed and filed according to these instructions will be valid.

This form is not to be confused with Standard Form 2808, Designation of Beneficiary, Civil Service Retirement System,
Standard Form 2823, Designation of Beneficiary, Federal Employees' Group Life Insurance Program, or
Standard Form 3102, Designation of Beneficiary, Federal Employees Retirement System.

# Privacy Act Statement

Solicitation of this information is authorized by the Code of Federal Regulations, Part 178, Subpart B. The information you furnish will be used to deter mine the amount, validity, and the person(s) entitled to the unpaid compensation of a deceased Federal employee. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs to obtain information necessary for determination of entitlement under this program or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may delay or make it impossible for us to determine eligibility of payments.



1

Form Approved: OMB No. 3206-0160



# Uses for Standard Form (SF) 2809

Use this form to:

- Switch designated eligible family member; or
- Enroll or reenroll in the FEHB Program; or
- Elect not to enroll in the FEHB Program (employees only); or
- Change your FEHB enrollment; or
- Cancel your FEHB enrollment; or
- Suspend your FEHB enrollment (annuitants or former spouses only).

#### Who May Use SF 2809

- 1. Employees eligible to enroll in or currently enrolled in the FEHB Program. *Employees automatically participate in premium conversion unless they waive it, see page 7.*
- Annuitants in retirement systems other than the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS), including individuals receiving monthly compensation from the Office of Workers' Compensation Programs (OWCP).

Note: Civil Service Retirement System (CSRS) and Federal Employees Retirement System (FERS) annuitants and former spouses and children of CSRS/FERS annuitants -- Do not use this form. Instead, use form OPM 2809, which is available at www.opm.gov/forms/OPM-forms, or call the Retirement Information Office toll-free at 1-888-767-6738.

- 3. Former spouses eligible to enroll in or currently enrolled in the FEHB Program under the Spouse Equity law or similar statutes.
- 4. Individuals eligible for Temporary Continuation of Coverage (TCC) under the FEHB Program, including:
  - Former employees (who separated from service);
  - Children who lose FEHB coverage; and
  - Former spouses who are not eligible for FEHB under item 3 above.

# Instructions for Completing SF 2809

Type or Print. We have not provided instructions for those items that have an explanation on the form.

# Part A — Enrollee and Family Member Information You must complete this part.

- Item 2. See the Privacy Act and Public Burden Statements on page 5.
- Item 5. If you are separated but not divorced, you are still married.
- Item 7. If you have Medicare, check which Parts you have, including prescription drug coverage under Medicare Part D.
- Item 8. If you have Medicare, enter your Medicare Claim Number.
  This number is on your Medicare Card.

- Item 9. If you are covered by other health insurance, either in your name or under a family member's policy, check yes and complete item 10.
- Item 10. Provide the information requested on any other health insurance that covers you. An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. If you or a family member is covered under another FEHB enrollment, check the FEHB box and Contact your Human Resources office or retirement system immediately as this is a dual coverage situation. Some examples of how this could occur are:
  - You are enrolling in an FEHB Self Only plan while your spouse has either an FEHB Self Plus One or Self and Family plan, in which you are already covered.
  - You are enrolling in an FEHB Self Plus One plan while you are also covered under your spouse's FEHB Self Plus One plan or FEHB Self and Family plan.
  - You are enrolling in an FEHB Self and Family plan
    while your spouse is already enrolled in either a FEHB
    Self Only plan, an FEHB Self Plus One plan that covers
    you, or an FEHB Self and Family plan that covers you.
  - You are an employee under age 26 and have no eligible family members. You are enrolling in your own FEHB plan while you are covered under your parent's FEHB Self Plus One plan or Self and Family plan.
  - You are an annuitant who is reemployed in the Federal government. You are enrolling in an FEHB plan as an employee while you are covered under your own or a family member's FEHB plan.

No person may be covered under more than one FEHB enrollment. However, in certain unusual circumstances, your agency may allow you to enroll in order to:

- Enable an employee under age 26 who is covered under a parent's Self Plus One or Self and Family FEHB enrollment to enroll in FEHB to cover his or her own spouse and/or child;
- Enable an employee under age 26 who is covered under a parent's Self Plus One or Self and Family FEHB enrollment, but lives outside his or her parent's HMO service area, to have FEHB coverage;
- Enable an employee who separates or divorces to enroll in FEHB to cover family members who move outside the HMO service area of the covering FEHB Self Plus One or Self and Family enrollment.

In these unusual situations, each enrollee must notify his or her plan as to which family members are covered under which enrollment. See Dual Enrollment information on page 5. If your enrollment is for Self Plus One or Self and Family, complete the family member information as appropriate. (If you need extra space for additional family members, list them on a separate sheet and attach.)

*Important:* In order for your Self Plus One FEHB enrollment election to be processed, you must complete the family member information for your designated family member.

The instructions for completing items 13 through 24 for your initial family member also apply to the information you provide for additional family members.

Item 14. Provide the Social Security Number for this family member if he/she has one. If your family member does not have a Social Security Number, leave blank; benefits will not be withheld. (See Privacy Act Statement on page 5.)

Item 17. Provide the code which indicates the relationship of each eligible family member to you.

| Code | Family Relationship   |
|------|---|
| 01   | Spouse  |
| 19   | Child under age 26  |
| 09   | Adopted Child under age 26  |
| 17   | Stepchild under age 26  |
| 10   | Foster Child under age 26   |
| 99   | Disabled child age 26 or older who is incapable of self support because of a physical or mental disability that began before his/her 26 <sup>th</sup> birthday. |

Item 18. If your family member does not live with you, enter his/her home address.

Item 19. If your family member has Medicare, check which Parts (Part A [Hospital Insurance] and/or Part B [Medical Insurance]) he/she has, including prescription drug coverage under Medicare Part D.

Item 20. If your family member has Medicare, enter his/her Medicare Claim Number. This number is on his/her Medicare Card.

Item 21. If your family member is covered by other group insurance, such as private, state, or Medicaid, check the box and complete item 22.

Item 22. Provide the information requested on any other health insurance that covers this family member. If your family member is covered under another FEHB plan, see instructions for item 10.

Item 23. Enter email address, if applicable, for this family member.

Item 24. Enter preferred telephone number, if applicable, for this family member.

#### Family Members Eligible for Coverage

Unless you are a former spouse or survivor annuitant, family members eligible for coverage under your Self Plus One enrollment include one eligible family member (spouse or child under age 26) designated by you. A Self and Family enrollment includes you and all of your eligible family members.

Eligible children include your children born within marriage or adopted children; stepchildren (may include children of your same-sex domestic partner\*); recognized natural children; or foster children who live with you in a regular parent-child relationship.

Other relatives (for example, your parents) are **not** eligible for coverage even if they live with you and are dependent upon you.

If you are a former spouse or survivor annuitant, family members eligible for coverage under your Self Plus One or Self and Family enrollment are the natural or adopted children under age 26 of **both you and your former or deceased spouse**.

In some cases, a disabled child age 26 or older is eligible for coverage under your Self Plus One or Self and Family enrollment if you provide adequate medical certification of a mental or physical disability that existed before his/her 26<sup>th</sup> birthday and renders the child incapable of self-support.

Note: Your employing office can give you additional details about family member eligibility including any certification or documentation that may be required for coverage. Contact your employing office for more information about covering foster child(ren), or child(ren) of your same-sex domestic partner who you would marry but for your state's marriage law. "Employing office" means the office of an agency or retirement system that is responsible for health benefits actions for an employee, annuitant, former spouse eligible for coverage under the Spouse Equity provisions, or individual eligible for TCC.

#### **Survivor Benefits**

For your surviving family members to continue your FEHB enrollment after your death, all of the following requirements must be met:

#### Self Plus One

- You must have been enrolled for Self Plus One at the time of your death; and
- Your designated family member must be entitled to an annuity as your survivor.

Note: The only survivor eligible to continue the health benefits enrollment is the designated family member covered under FEHB on the date of death as long as that individual is entitled to a survivor annuity. No other family members are entitled to continue the enrollment even though they may be entitled to a survivor annuity.

#### Self and Family

- You must have been enrolled for Self and Family at the time of your death; and
- At least one family member must be entitled to an annuity as your survivor.

Note: All of your survivors who meet the definition of "family member" can continue their health benefits coverage under your enrollment as long as any one of them is entitled to a survivor annuity. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to Self Only.

<sup>\*</sup>If you would marry but you live in a state that does not allow same-sex couples to marry.

### Part B — FEHB Plan You Are Currently Enrolled In

You must complete this part if you are changing, cancelling, or suspending your enrollment.

- Item 1. Enter the name of the plan you are enrolled in from the front cover of the plan brochure.
- Item 2. Enter your current enrollment code from your plan ID card.

# Part C — FEHB Plan You Are Enrolling In or Changing To

Complete this part to enroll or change your enrollment in the FEHB Program.

- Item 1. Enter the name of the plan you are enrolling in or changing to. The plan name is on the front cover of the brochure of the plan you want to be enrolled in.
- Item 2. Enter the enrollment code of the plan you are enrolling in or changing to. The enrollment code is on the front cover of the brochure of the plan you want to be enrolled in, and shows the plan and option you are electing and whether you are enrolling for Self Only, Self Plus One, or Self and Family.

To enroll in a Health Maintenance Organization (HMO), you must live (or in some cases work) in a geographic area specified by the carrier.

To enroll in an employee organization plan, you must be or become a member of the plan's sponsoring organization, as specified by the carrier.

Your signature in Part H authorizes deductions from your salary, annuity, or compensation to cover your cost of the enrollment you elect in this item, unless you are required to make direct payments to the employing office.

# Part D — Event That Permits You To Enroll, Change, Or Cancel

Item 1. Enter the event code that permits you to enroll, change, or cancel based on a Qualifying Life Event (QLE) from the Table of Permissible Changes in Enrollment that applies to you.

#### Explanation of Table of Permissible Changes in Enrollment

The tables on pages 7 through 14 illustrate when: an employee who participates in premium conversion; annuitant; former spouse; person eligible for TCC; or employee who waived participation in premium conversion may enroll or change enrollment. The tables show those permissible events that are found in the regulations at 5 CFR Parts 890 and 892.

The tables have been organized by enrollee category. Each category is designated by a number, which identifies the enrollee group, as follows:

- 1. Employees who participate in premium conversion
- Annuitants (other than CSRS/FERS annuitants), including individuals receiving monthly compensation from the Office of Workers' Compensation Programs
- 3. Former spouses eligible for coverage under the Spouse Equity provision of FEHB law
- 4. TCC enrollees
- 5. Employees who waived participation in premium conversion

Following each number is a letter, which identifies a specific Qualifying Life Event (QLE); for example, the event code "1A" refers to the initial opportunity to enroll for an employee who elected to participate in premium conversion.

Item 2. Enter the date of the QLE using numbers to show month, day, and complete year; *e.g.*, 06/30/2011. If you are electing to enroll, enter the date you became eligible to enroll (for example, the date your appointment began). If you are making an open season enrollment or change, enter the date on which the open season begins.

### Part E — Election NOT to Enroll

Place an "X" in the box only if you are an employee and you do NOT wish to enroll in the FEHB Program. *Be sure to read the information titled Employees Who Elect Not to Enroll or Who Cancel Their Enrollment.* 

### Part F — Cancellation of FEHB

Place an "X" in the box only if you wish to cancel your FEHB enrollment. Also enter your current plan name and enrollment code in **Part B. Be sure to read the information titled** Employees Who Elect Not to Enroll or Who Cancel Their Enrollment.

Note For Parts E and F. If you are Electing Not to Enroll or Cancelling your enrollment because you are covered as a spouse or child under another FEHB enrollment, your agency must enter the enrollee's name, Social Security number, and FEHB enrollment code in REMARKS.

#### Cancellation of Enrollment

Employees participating in premium conversion may cancel their FEHB enrollment only during the open season or when they experience a Qualifying Life Event. Employees who waived participation in premium conversion, annuitants, former spouses, and individuals enrolled under TCC may cancel their enrollment at any time. However, if you cancel, neither you nor any family member covered by your enrollment are entitled to a 31-day temporary extension of coverage, or to convert to an individual, nongroup policy. Moreover, family members who lose coverage because of your cancellation are not eligible for TCC. Be sure to read the additional information below about cancelling your FEHB enrollment.

# Employees Who Elect Not to Enroll (Part E) or Who Cancel Their Enrollment (Part F)

To be eligible for an FEHB enrollment after you retire, you must retire:

- Under a retirement system for Federal civilian employees, and
- On an immediate annuity.

In addition, you must be currently enrolled in a plan under the FEHB Program and must have been enrolled (or covered as a family member) in a plan under the Program for:

- The 5 years of service immediately before retirement (i.e., commencing date of annuity entitlement), or
- If fewer than 5 years, all service since your first opportunity to enroll. (Generally, your first opportunity to enroll is within 60 days after your first appointment [in your Federal career] to a position under which you are eligible to enroll under conditions that permit a Government contribution toward the enrollment.)

If you do not enroll at your first opportunity or if you cancel your enrollment, you may later enroll or reenroll only under the circumstances

explained in the table beginning on page 7. Some employees delay their enrollment or reenrollment until they are nearing 5 years before retirement in order to qualify for FEHB coverage as a retiree; however, there is always the risk that they will retire earlier than expected and not be able to meet the 5-year requirement for continuing FEHB coverage into retirement. When you elect not to enroll or cancel your enrollment you are voluntarily accepting this risk. An alternative would be to enroll in or change to a lower cost plan so that you meet the requirements for continuation of your FEHB enrollment after retirement.

Note for temporary [under 5 U.S.C. 8906a] employees eligible for FEHB without a Government contribution: Your decision not to enroll or to cancel your enrollment will not affect your future eligibility to continue FEHB enrollment after retirement.

#### **Annuitants Who Cancel Their Enrollment**

CSRS and FERS annuitants and their eligible family members should not use this form but use form RI 79-9, *Health Benefits Cancellation/Suspension Confirmation*, which is available at www.opm.gov/forms/Retirement-and-Insurance-Forms, or call 1-888-767-6738.

Generally, you cannot reenroll as an annuitant unless you are continuously covered as a family member under another person's enrollment in the FEHB Program during the period between your cancellation and reenrollment. Your employing office or retirement system can advise you on events that allow eligible annuitants to reenroll. If you cancel your enrollment because you are covered under another FEHB enrollment, you can reenroll from 31 days before through 60 days after you lose that coverage under the other enrollment.

If you cancel your enrollment for any other reason, you cannot later reenroll, and you and any family members covered by your enrollment are not entitled to a 31-day temporary extension of coverage or to convert to an individual policy.

#### Former Spouses (Spouse Equity) Who Cancel Their Enrollment

Generally, if you cancel your enrollment in the FEHB Program, you cannot reenroll as a former spouse. However, if you cancel the enrollment because you become covered under FEHB as a new spouse or employee, your eligibility for FEHB coverage under the Spouse Equity provisions continues. You may reenroll as a former spouse from 31 days before through 60 days after you lose coverage under the other FEHB enrollment.

If you cancel your enrollment for any other reason, you cannot later reenroll, and you and any family members covered by your enrollment are not entitled to a 31-day temporary extension of coverage or to convert to an individual policy.

# Temporary Continuation of Coverage (TCC) Enrollees Who Cancel Their Enrollment

If you cancel your TCC enrollment, you cannot reenroll. Your family members who lose coverage because of your cancellation cannot enroll for TCC in their own right nor can they convert to a nongroup policy. Family members who are Federal employees or annuitants may enroll in the FEHB Program when you cancel your coverage if they are eligible for FEHB coverage in their own right.

Note 1: If you become covered by a regular enrollment in the FEHB Program, either in your own right or under the enrollment of someone else, your TCC enrollment is suspended. You will need to send documentation of the new enrollment to the employing office maintaining your TCC enrollment so that they can stop the TCC enrollment. If your new FEHB coverage stops before the TCC enrollment would have expired, the TCC enrollment can be reinstated for the remainder of the original eligibility period (18 months for separated employees or 36 months for eligible family members who lose coverage).

**Note 2:** Former spouses (Spouse Equity) and TCC enrollees who fail to pay their premiums within specified timeframes are considered to have voluntarily cancelled their enrollment.

#### Part G — Suspension of FEHB

CSRS and FERS annuitants and their eligible family members should not use this form but use form RI 79-9, *Health Benefits Cancellation/Suspension Confirmation*, which is available at www.opm.gov/forms/Retirement-and-Insurance-Forms, or call 1-888-767-6738.

Place an "X" in the box only if you are an annuitant or former spouse and wish to suspend your FEHB enrollment. Also enter your current plan name and enrollment code in Part B.

You may suspend your FEHB enrollment because you are enrolling in one of the following programs:

- A Medicare Advantage plan or Medicare HMO,
- Medicaid or similar State-sponsored program of medical assistance for the needy,
- TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life),
- · CHAMPVA, or
- Peace Corps.

You can reenroll in the FEHB Program if your other coverage ends. If your coverage ends *involuntarily*, you can reenroll from 31 days before your other coverage ends through 60 days after your other coverage ends. If your coverage ends *voluntarily* because you disenroll, you can reenroll during the next open season.

You must submit documentation of eligibility for coverage under the non-FEHB Program to the office that maintains your enrollment. That office must enter in REMARKS the reason for your suspension.

#### Part H — Signature

Your agency, retirement system, or office maintaining your enrollment cannot process your request unless you complete this part.

If you are registering for someone else under a written authorization from him or her to do so, sign your name in Part H and attach the written authorization.

If you are registering for a former spouse eligible for coverage under the Spouse Equity provisions or for an individual eligible for TCC as his or her court-appointed guardian, sign your name in Part H and attach evidence of your court-appointed guardianship.

# Part I - Agency or Retirement System Information and Remarks

Leave this section blank as it is for agency or retirement system use only.

#### **Electronic Enrollments**

Many agencies use automated systems that allow their employees to make changes using a touch-tone telephone, or a computer instead of a form. This may be Employee Express or another automated system. If you are not sure whether the electronic enrollment option is available to you, contact your employing office.

#### **Dual Enrollment**

No person (enrollee or family member) is entitled to receive benefits under more than one enrollment in the FEHB Program. Normally, you are not eligible to enroll if you are covered as a family member under someone else's enrollment in the Program. However, such dual enrollments may be permitted under certain circumstances in order to:

- Protect the interests of children who otherwise would lose coverage as family members, or
- Enable an employee who is under age 26 and covered under a parent's enrollment and marries or becomes the parent of a child to enroll for Self Plus One or Self and Family coverage.

Each enrollee must notify his or her plan of the names of the persons to be covered under his or her enrollment who are not covered under the other enrollment. See instructions for item 10 for more information.

#### Temporary Continuation of Coverage (TCC)

The employing office must notify a former employee of his or her eligibility for TCC. The enrollee, child, former spouse, or their representative must notify the employing office when a child or former spouse becomes eligible.

• For the eligible child of an enrollee, the enrollee must notify the employing office within 60 days after the qualifying event occurs; e.g., child reaches age 26.

For the eligible former spouse of an enrollee, the enrollee or the former spouse must notify the employing office within *60 days* after the former spouse's change in status; e.g., the date of the divorce.

An individual eligible for TCC who wants to continue FEHB coverage may choose any plan, option, and type of enrollment for which he or she is eligible. The time limit for a former employee, child, or former spouse to enroll with the employing office is within 60 days after the Qualifying Life Event, or receiving notice of eligibility, whichever is later.

#### **Effective Dates**

Except for open season, most enrollments and changes of enrollment are effective on the first day of the pay period after the employing office receives this form and that follows a pay period during any part of which the employee is in pay status. Your employing office can give you the specific date on which your enrollment or enrollment change will take effect.

Note 1: If you are changing your FEHB enrollment from Self Plus One or Self and Family to Self Only so that your spouse can enroll for Self Only, you should coordinate the effective date of your spouse's enrollment with the effective date of your enrollment change to avoid a gap in your spouse's coverage.

**Note 2:** If you are cancelling your FEHB enrollment and intend to be covered under someone else's enrollment at the time you cancel, you should coordinate the effective date of your cancellation with the effective date of your new coverage to avoid a gap in your coverage.

#### Agency Distribution of SF 2809

Agencies must distribute one copy of the completed SF 2809 to each of the following, as appropriate:

- Official Personnel Folder
- New Carrier
- Old Carrier
- Payroll Office
- Enrollee

### **Privacy Act and Public Burden Statements**

The information you provide on this form is needed to document your enrollment in the Federal Employees Health Benefits Program under Chapter 89, title 5, U.S. Code. The principal use of this information will be to share it with the health insurance carrier you select so that it may (1) identify your enrollment in the plan, (2) verify your and/or your family's eligibility for payment of a claim for health benefits services or supplies, and (3) coordinate payment of claims with other carriers with whom you might also make a claim for payment of benefits. Other routine uses include disclosures to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant, or other benefit. It may also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local, or other charitable or Social Security administrative agencies to determine and issue benefits under their programs or to obtain information necessary for determination or continuation of benefits under this program. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency. While the law does not require you to supply all the information requested on this form, doing so will assist in the prompt processing of your enrollment.

We request that you provide your Social Security Number so that it may be used as your individual identifier in the FEHB Program, and for other purposes. Executive Order 13478 (November 18, 2009) allows Federal agencies to use Social Security Numbers as individual identifiers to distinguish between people of same or similar names. In addition, a mandatory insurer reporting law (Section 111 of Public Law number 110-173) requires your health insurance carrier to report your Social Security Number or your Medicare Claim Number in order to properly coordinate benefits between your health plan and Medicare. Also, Section 6055 of the Internal Revenue Code requires your health insurance plan to report, to the Internal Revenue Service (IRS), information necessary to confirm that you and your covered family members have minimum essential coverage from your health plan. The information required from your health insurance plan includes a Social Security Number for yourself and each of your covered family members. Failure to furnish your Social Security Number and/or Medicare Claim Number may result in the US. Office of Personnel Management's (OPM) inability to ensure the prompt payment of your and/or family's claims for health benefits services or supplies, proper coordination with Medicare and proper health insurance status reporting to the IRS.

We estimate this form takes an average of 30 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our time estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Retirement Services Publications Team, (3206-0160), Washington, D.C. 20415-3430. The OMB number, 3206-0160 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

# Federal Employees Receiving Premium Conversion Tax Benefits Table of Permissible Changes in FEHB Enrollment and Premium Conversion Election

Premium Conversion allows employees who are eligible for FEHB the opportunity to pay for their share of FEHB premiums with pre-tax dollars. Premium conversion plans are governed by Section 125 of the Internal Revenue Code, and IRS rules govern when a participant may change his or her election outside of the annual open season. All employees who enroll in the FEHB Program automatically receive premium conversion tax benefits, unless they waive participation. When an employee experiences a Qualifying Life Event (QLE) as described below, certain changes to the employee's FEHB coverage (including change to Self Only and cancellation) and premium conversion election may be permitted, so long as they are because of and consistent with the QLE's. If you are covering child(ren) of your same-sex domestic partner who you would marry but for your state's marriage law, contact your employing office for more information on premium conversion availability and other tax considerations. For more information about premium conversion, please visit www.opm.gov/healthcare-insurance/healthcare.

|               | Qualifying Life Events (QLE's) that May<br>Permit Change in FEHB Enrollment,<br>Designated Family Member or<br>Premium Conversion Election   |   |  | inge that l<br>Be Permitte                  |  | Premium Co<br>Change the<br>Permi        | ıt May Be                  | Time Limits in which<br>Change<br>May Be Permitted |  |
|---------------|--|---|--|---|--|--|----------------------------|--|--|
| Event<br>Code | Event  | From Not<br>Enrolled<br>to<br>Enrolled  | From Self<br>Only to Self<br>Plus One or<br>Self and<br>Family | From One<br>Plan or<br>Option to<br>Another | Cancel or<br>Change to<br>Self Plus<br>One or<br>Self Only | Switch<br>Designated<br>Family<br>Member | Participate                | Waive  | When You Must File<br>Health Benefits Election<br>Form With Your<br>Employing Office |
| 1             | Employee electing to receive or receiving premium convers  | ion tax ben   | efits  |   |  | 1  | 1                          | 1  | 1  |
| 1A            | Initial opportunity to enroll, for example:  New employee Change from excluded position Temporary employee who completes 1 year of service and is eligible to enroll under 5 USC 8906a   | Yes   | N/A  | N/A   | N/A  | N/A                                      | Automatic<br>Unless Waived | Yes  | Within 60 days after<br>becoming eligible  |
| 18            | Open Season  | Yes   | Yes  | Yes   | Yes  | Yes                                      | Yes                        | Yes  | As announced by OPM  |
| 1C            | Change in family status that results in increase or decrease in number of eligible family members, for example:  Marriage, divorce, annulment  Birth, adoption, acquiring foster child or stepchild, issuance of court order requiring employee to provide coverage for child  Last child loses coverage, for example, child reaches age 26, disabled child becomes capable of self-support, child acquires other coverage by court order  Death of spouse or eligible family member | Yes Yes Yes  Employees may enroll or change beginning 31 days before the event. |  | Yes <sup>!</sup>                            | Yes  | Yes                                      | Yes                        | Within 60 days after change<br>in family status    |  |
| ID            | Any change in employee's employment status that could result in entitlement to coverage, for example:  Reemployment after a break in service of more than 3 days Return to pay status from nonpay status, or return to receiving pay sufficient to cover premium withholdings, if coverage terminated (If coverage did not terminate, see 1G.)   | Yes   | N/A  | N/A   | N/A  | No                                       | Automatic<br>Unless Waived | Yes  | Within 60 days after employment status change  |
| 1E            | Any change in employee's employment status that could affect cost of insurance, including:  Change from temporary appointment with eligibility for coverage under 5 USC 8906a to appointment that permits receipt of government contribution  Change from full time to part-time career or the reverse   | Yes   | Yes  | Yes   | Yes  | No                                       | Yes                        | Yes  | Within 60 days after employment status change  |
| 1F            | Employee restored to civilian position after serving in uniformed services. <sup>2</sup>   | Yes   | Yes  | Yes   | Yes  | No                                       | Yes                        | Yes  | Within 60 days after return to civilian position                                     |

|               | Qualifying Life Events (QLE's) that May<br>Permit Change in FEHB Enrollment,<br>Designated Family Member or<br>Premium Conversion Election  |  |  | ange that .<br>3e Permitti                       |  | Premium Co<br>Change the<br>Permi        | ıt May Be       | Time Limits in which<br>Change<br>May Be Permitted |  |
|---------------|---|--|--|--|--|--|-----------------|--|--|
| Event<br>Code | Event   | From Not<br>Enrolled<br>to<br>Enrolled | From Self<br>Only to Self<br>Plus One or<br>Self and<br>Family | From One<br>Plan or<br>Option to<br>Another      | Cancel or<br>Change to<br>Self Plus<br>One or<br>Self Only | Switch<br>Designated<br>Family<br>Member | Participate     | Waive  | When You Must File<br>Health Benefits Election<br>Form With Your<br>Employing Office |
| 1G            | Employee, spouse or eligible family member:  Begins nonpay status or insufficient pay or  Ends nonpay status or insufficient pay if coverage continued  (If employee's coverage terminated, see 1D.)  (If spouse's or eligible family member's coverage terminated, see 1M.)  | No                                     | No   | No   | Yes  | No                                       | Yes             | Yes  | Within 60 days after<br>employment status change                                     |
| 1H            | Salary of temporary employee insufficient to make withholdings for plan in which enrolled.  | N/A                                    | No   | Yes  | Yes  | No                                       | Yes             | Yes  | Within 60 days after receiv-<br>ing notice from employing<br>office                  |
| 11            | Employee (or covered family member) enrolled in FEHB health maintenance organization (HMO) moves or becomes employed outside the geographic area from which the FEHB carrier accepts enrollments or, if already outside the area, moves further from this area. <sup>4</sup>  | N/A                                    | Yes  | Yes  | N/A<br>(see IM)  | Yes                                      | No<br>(see IM)  | No<br>(see 1M)                                     | Upon notifying employing office of move  |
| 1J            | Transfer from post of duty within a State of the United States or the District of Columbia to post of duty outside a State of the United States or District of Columbia, or reverse.  |  | Yes<br>ees may enroll o<br>l days before led<br>post of duty.  |  | Yes  | Yes                                      | Yes             | Yes  | Within 60 days after arriving at new post  |
| IK            | Separation from Federal employment when the employee or employee's spouse is pregnant.  | Yes                                    | Yes  | Yes  | NA   | No                                       | N/A             | N/A  | During employee's final pay period   |
| 1L            | Employee becomes entitled to Medicare and wants to change to another plan or option. <sup>5</sup>   | No                                     | No   | Yes<br>(Changes<br>may be<br>made only<br>once.) | N/A<br>(see 1P)  | No                                       | N/A<br>(see 1P) | N/A<br>(see IP)                                    | Any time beginning on the 30th day before becoming eligible for Medicare             |
| 1M            | Employee or eligible family member loses coverage under FEHB or another group insurance plan including the following:     Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment     Loss of coverage due to termination of membership in employee       |  | Yes  ees may enroll of g 31 days hefore                        |  | Yes  | Yes                                      | Yes             | Yes  | Within 60 days after loss of coverage  |
|               | organization sponsoring the FEHB plan <sup>6</sup> Loss of coverage under another federally-sponsored health benefits program, including: TRICARE, Medicare, Indian Health Service Loss of coverage under Medicaid or similar State-sponsored program of medical assistance for the needy Loss of coverage under a non-Federal health plan, including |  |  |  |  |  |                 |  |  |
|               | foreign, state or local government, private sector  Loss of coverage due to change in worksite or residence (Employees in an FEHB HMO, also see 11.)  |  |  |  |  |  |                 |  |  |

|               | Qualifying Life Events (QLE's) that May<br>Permit Change in FEHB Enrollment,<br>Designated Family Member or<br>Premium Conversion Election   |  |  | ange that i<br>Be Permitti                  |  | Premium Co<br>Election Ch<br>May<br>Permi | ange that<br>Be | Time Limits in which<br>Change<br>May Be Permitted |   |
|---------------|--|--|--|---|--|---|-----------------|--|---|
| Event<br>Code |  | From Not<br>Enrolled<br>to<br>Enrolled | From Self<br>Only to Self<br>Plus One or<br>Self and<br>Family | From One<br>Plan or<br>Option to<br>Another | Cancel or<br>Change to<br>Self Plus<br>One or<br>Self Only | Switch<br>Designated<br>Family<br>Member  | Participate     | Waive  | When You Must File<br>Health Benefits Election<br>Form With Your<br>Employing Office                            |
| IN            | Loss of coverage under a non-Federal group health plan because an employee moves out of the commuting area to accept another position and the employee's non-Federally employed spouse terminates employment to accompany the employee.  | Yes                                    | Yes  | Yes   | Yes  | Yes                                       | Yes             | Yes  | From 31 days before the employee leaves the commuting area to 180 days after arriving in the new commuting area |
| 10            | Employee or eligible family member loses coverage due to discontinuance in whole or part of FEHB plan. <sup>7</sup>  | Yes                                    | Yes  | Yes   | Yes  | Yes                                       | Yes             | Yes  | During open season, unless<br>OPM sets a different time   |
| 1P            | Enrolled employee or eligible family member gains coverage under FEHB or another group insurance plan, including the following:  • Medicare (Employees who become eligible for Medicare and want to change plans or options, see 1L.)  • TRICARE for Life, due to enrollment in Medicare.  • TRICARE due to change in employment status, including: (1) entry into active military service, (2) retirement from reserve military service under Chapter 67, title 10.  • Health insurance acquired due to change of worksite or residence that affects eligibility for coverage  • Health insurance acquired due to spouse's or eligible family member's change in employment status (includes state, local, or foreign government or private sector employment). | No                                     | No   | No  | Yes <sup>©</sup>   | Yes                                       | Yes             | Yes  | Within 60 days after QLE  |
| 1Q            | Change in spouse's or eligible family member's coverage options under a health plan, for example:  • Employer starts or stops offering a different type of coverage (If no other coverage is available, also see IM.)  • Change in cost of coverage  • HMO adds a geographic service area that now makes spouse eligible to enroll in that HMO  • HMO removes a geographic area that makes spouse ineligible for coverage under that HMO, but other plans or options are available (If no other coverage is available, see IM)   | No                                     | No   | No  | Yes <sup>9</sup>   | Yes                                       | Yes             | Yes  | Within 60 days after QLE  |
| 1R            | Employee or eligible family member becomes eligible for assistance under Medicaid or a State Children's Health Insurance Program (CHIP).   | Yes                                    | Yes  | Yes   | Yes <sup>9</sup>   | Yes                                       | Yes             | Yes  | Within 60 days after the date the employee or family member becomes eligible for assistance.                    |

(If you are a United States Postal Service employee, these rules may be different. Consult your employing office or information provided by your agency.)

- 1. Employees may change to Self Only outside of open season only if *the QLE caused* the enrollee to be the last eligible family member under the FEHB enrollment. Employees may change to Self Plus One outside of Open Season only if *the QLE causes* only one family member to be eligible under the FEHB enrollment. Employees may cancel enrollment outside of open season only if *the QLE caused* the enrollee and all eligible family members to acquire other health insurance coverage.
- 2. Employees who enter active military service are given the opportunity to terminate coverage. Termination for this reason does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement. Additional information on the FEHB coverage of employees who return from active military service is available in the Frequently Asked Questions section of the FEHB website at www.opm.gov/healthcare-insurance/healthcare.

(Listing continued on the reverse)

- 3. Employees who begin nonpay status or insufficient pay *must* be given an opportunity to elect to continue or terminate coverage. A termination differs from a cancellation as it allows conversion to nongroup coverage and does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement.
- 4. This code reflects the FEHB regulation that gives employees enrolled in an FEHB HMO who *change from Self Only or Self Plus One to Self and Family or from one plan or option to another* a different timeframe than that allowed under 1M. For change to Self-Only or Self Plus One, cancellation, or change in premium conversion status, see 1M.
- 5. This code reflects the FEHB regulation that gives employees enrolled in FEHB a one-time opportunity to change plans or options under a different timeframe than that allowed by 1P. For change to Self Only or Self Plus One, cancellation, or change in premium conversion status, see 1P.
- 6. If employee's membership terminates (e.g., for failure to pay membership dues), the employee organization will notify the agency to terminate the enrollment.
- 7. Employee's failure to select another FEHB plan is deemed a cancellation for purposes of meeting the requirements for continuing coverage after retirement.
- 8. Under IRS rules, this includes start/stop of employment or nonpay status, strike or lockout, and change in worksite.
- 9. Employees may change to Self Only outside of Open Season only if the QLE caused all eligible family members to acquire other health insurance coverage. Employees may cancel enrollment outside of Open Season only if the QLE caused the enrollee and all eligible family members to acquire other health insurance coverage. Employees may cancel enrollment outside of Open Season only if the QLE caused the enrollee and all eligible family members to acquire other health insurance coverage.

# Tables of Permissible Changes in FEHB Enrollment for Individuals Who Are Not Participating in Premium Conversion

Enrollment May Be Cancelled or Changed from Self and Family to Self Plus One or Self Only or from Self Plus One to Self Only at Any Time

|               | QLE's That Permit<br>Enrollment or Change   | Chan   | ge that May | Time Limits                                       |  |   |
|---------------|---|--|-------------|---|--|---|
| Event<br>Code | Event   | From Sei<br>From Not<br>Only to Se<br>Enrolled to<br>Enrolled Self<br>and Fami |             | From<br>One<br>Plan or<br>Option<br>to<br>Another | Switch<br>Designated<br>Family<br>Member | When You Must File Health<br>Benefits Election Form With<br>Your Employing Office           |
| 2             | Annuitant (Includes Compensationers)  Note for enrolled survivor annuitants: A change in eligible family members are family members of the  |  |             |   | members can                              | only occur if the additional  |
| 2A.           | Open Season   | No   | Yes         | Yes   | Yes                                      | As announced by OPM.  |
| 2B            | Change in family status; for example: marriage, birth or death of family member, adoption, or divorce.  | No   | Yes         | Yes   | Yes                                      | From 31 days before through 60 days after the event.  |
| 2C            | Reenrollment of annuitant who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan and TRICARE for Life), Peace Corps, or CHAMPVA, and who later <i>involuntarily</i> loses this coverage under one of these programs.   | May Reenroli   | N/A         | N/A   | No                                       | From 31 days before through 60 days after involuntary loss of coverage.                     |
| 2D            | Reenrollment of annuitant who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), Peace Corps, or CHAMPVA, and who wants to reenroll in the FEHB Program for any reason other than an involuntary loss of coverage.  | May Reenroll   | N/A         | N/A   | No                                       | During open season.   |
| 2E            | Restoration of annuity or compensation (OWCP) payments, for example:  Disability annuitant who was enrolled in FEHB, and whose annuity terminated due to restoration of earning capacity or recovery from disability, and whose annuity is restored;  Compensationer whose compensation terminated because of recovery from injury or disease and whose compensation is restored due to a recurrence of medical condition;  Surviving spouse who was covered by FEHB immediately before survivor annuity terminated because of remarriage and whose annuity is restored;  Surviving child who was covered by FEHB immediately before survivor annuity terminated because student status ended and whose survivor annuity is restored;  Surviving child who was covered by FEHB immediately before survivor annuity terminated because of marriage and whose survivor annuity is restored. | Yes  | N/A         | N/A   | No                                       | Within 60 days after the retirement system or OWCP mails a notice of insurance eligibility. |
| 2F            | Annuitant or eligible family member loses FEHB coverage due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment.   | Yes  | Yes         | Yes   | Yes                                      | From 31 days before through 60 days after date of loss of coverage.                         |

|               | QLE's That Permit<br>Enrollment or Change   | Chan                                | ge that May  | itted   | Time Limits                              |  |  |
|---------------|---|-------------------------------------|--|---|--|--|--|
| Event<br>Code | Event   | From Not<br>Enrolled to<br>Enrolled | From Self<br>Only to Self<br>Plus One or<br>Self<br>and Family | From<br>One<br>Plan or<br>Option<br>to<br>Another | Switch<br>Designated<br>Family<br>Member | When You Must File Health<br>Benefits Election Form With<br>Your Employing Office  |  |
| 2G            | Annuitant or eligible family member loses coverage under another group insurance plan, for example:  Loss of coverage under another federally-sponsored health benefits program;  Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;  Loss of coverage under Medicaid or similar State-sponsored program (but see events 2C and 2D);  Loss of coverage under a non-Federal health plan. | No                                  | Yes  | Yes   | Yes                                      | From 31 days before through 60 days after loss of coverage.  |  |
| 2H            | Annuitant or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.  | N/A                                 | Yes  | Yes   | Yes                                      | During open season, unless<br>OPM sets a different time.   |  |
| 21            | Annuitant or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.  | N/A                                 | Yes  | Yes   | Yes                                      | Upon notifying the employing office of the move or change of place of employment.  |  |
| 2.J           | Employee in an overseas post of duty retires or dies.   | No                                  | Yes  | Yes   | Yes                                      | Within 60 days after retirement or death.  |  |
| 2K            | An enrolled annuitant separates from duty after serving 31 days or more in a uniformed service.   | NA                                  | Yes  | Yes   | No                                       | Within 60 days after separation from the uniformed service.  |  |
| 2L            | On becoming eligible for Medicare.  (This change may be made only once in a lifetime.)  | N/A                                 | No   | Yes   | No                                       | At any time beginning on the 30th day before becoming eligible for Medicare.   |  |
| 2М            | Annuitant's annuity is insufficient to make withholdings for plan in which enrolled.  | NA                                  | No   | Yes   | No                                       | Employing office will advise annuitant of the options.   |  |
| 3             | Former Spouse Under The Spouse Equity Provision  Note: Former spouse may change to Self Plus One of employee or annuitant.  |                                     | nily only if fam   | ily membe   | rs are also eli                          | gible family members of the  |  |
| 3A            | Initial opportunity to enroll. Former spouse must be eligible to enroll under the authority of the Civil Service Retirement Spouse Equity Act of 1984 (P.L. 98-615), as amended, the Intelligence Authorization Act of 1986 (P.L. 99-569), or the Foreign Relations Authorization Act, Fiscal Years 1988 and 1989 (P.L. 100-204).   | Yes                                 | N/A  | N/A   | N/A                                      | Generally, must apply within 60 days after dissolution of marriage. However, if a retiring employee elects to provide a former spouse annuity or insurable interest annuity for the former spouse, the former spouse must apply within 60 days after OPM's notice of eligibility for FEHB. May enroll any time after employing office establishes eligibility. |  |
| 3B            | Open Season.  | No                                  | Yes  | Yes   | Yes                                      | As announced by OPM.   |  |
| 3C            | Change in family status based on addition of family members who are also eligible family members of the employee or annuitant.  | No                                  | Yes  | Ves   | Yes                                      | From 31 days before through 60 days after change in family status.   |  |
| 3D            | Reenrollment of former spouse who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), Peace Corps, or CHAMPVA, and who later <i>involuntarily</i> loses this coverage under one of these programs.   | May reenroll                        | N/A  | N/A   | No                                       | From 31 days before through 60 days after involuntary loss of coverage.  |  |

|               | QLE's That Permit<br>Enrollment or Change   | Chan                                | ge that May  | Be Permi                                       | itted                                    | Time Limits  |
|---------------|---|-------------------------------------|--|--|--|--|
| Event<br>Code | Event   | From Not<br>Enrolled to<br>Enrolled | From Self<br>Only to Self<br>Plus One or<br>Self<br>and Family | From<br>One<br>Plan or<br>Option to<br>Another | Switch<br>Designated<br>Family<br>Member | When You Must File Health<br>Benefits Election Form With<br>Your Employing Office                          |
| 3E            | Reenrollment of former spouse who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), Peace Corps, or CHAMPVA, and who wants to reenroll in the FEHB Program for any reason other than an involuntary loss of coverage.  | May reenroll                        | N/A  | N/A  | No                                       | During open season.  |
| 3F            | Former spouse or eligible child loses FEHB coverage due to termination, cancellation, or change to Self Only of the covering enrollment.  | Yes                                 | Yes  | Yes  | Yes                                      | From 31 days before through 60 days after date of loss of coverage.  |
| 3G            | Enrolled former spouse or eligible child loses coverage under another group insurance plan, for example:  Loss of coverage under another federally-sponsored health benefits program;  Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;  Loss of coverage under Medicaid or similar State-sponsored program (but see 3D and 3E);  Loss of coverage under a non-Federal health plan. | N/A                                 | Yes  | Yes  | Yes                                      | From 31 days before through 60 days after loss of coverage.  |
| 3Н            | Former spouse or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.  | N/A                                 | Yes  | Yes  | Yes                                      | During open season, unless<br>OPM sets a different time.   |
| 31            | Former spouse or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.  | N/A                                 | Yes  | Yes  | Yes                                      | Upon notifying the employing office of the move or change of place of employment.                          |
| 3J            | On becoming eligible for Medicare  (This change may be made only once in a lifetime.)   | N/A                                 | No   | Yes  | No                                       | At any time beginning the 30th day before becoming eligible for Medicare.                                  |
| 3K            | Former spouse's annuity is insufficient to make FEHB withholdings for plan in which enrolled.   | No                                  | No   | Yes  | No                                       | Retirement system will advise former spouse of options.  |
| 4             | Temporary Continuation of Coverage (TCC) For  Note: Former spouse may change to Self Plus One employee or annuitant.  |                                     |  | ,  | •  | Children.  |
| 4A            | Opportunity to enroll for continued coverage under TCC provisions:  Former employee  Former spouse  Child who ceases to qualify as a family member  | Yes<br>Yes<br>Yes                   | Yes<br>N/A<br>N/A  | Yes<br>N/A<br>N/A                              | N/A                                      | Within 60 days after the qualify-<br>ing event, or receiving notice of<br>eligibility, whichever is later. |
| 4B            | Open Season:  Former employee  Former spouse  Child who ceases to qualify as a family member  | No<br>No<br>No                      | Yes<br>Yes<br>Yes  | Yes<br>Yes<br>Yes                              | Yes                                      | As announced by OPM.   |
| 4C            | Change in family status (except former spouse); for example, marriage, birth or death of family member, adoption, or divorce.   | No                                  | Yes  | Yes  | Yes                                      | From 31 days before through 60 days after event.   |

|               | QLE's That Permit<br>Enrollment or Change  | Chan                                | ge that May  | Be Permi  | itted                                    | Time Limits  |
|---------------|--|-------------------------------------|--|---|--|--|
| Event<br>Code | Event  | From Not<br>Enrolled to<br>Enrolled | From Self<br>Only to Self<br>Plus One or<br>Self and<br>Family | From<br>One<br>Plan or<br>Option<br>to<br>Another | Switch<br>Designated<br>Family<br>Member | When You Must File Health<br>Benefits Election Form With<br>Your Employing Office  |
| 4D            | Change in family status of former spouse, based on addition of family members who are eligible family members of the employee or annuitant.  | No                                  | Yes  | Yes   | Yes                                      | From 31 days before through 60 days after event.   |
| 4E            | Reenrollment of a former employee, former spouse, or child whose TCC enrollment was terminated because of other FEHB coverage and who loses the other FEHB coverage before the TCC period of eligibility (18 or 36 months) expires.  | May reenroll                        | N/A  | N/A   | No                                       | From 31 days before through 60 days after the event. Enrollment is retroactive to the date of the loss of the other FEHB coverage. |
| 4F            | Enrollee or eligible family member loses coverage under FEHB or another group insurance plan, for example:  Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment (but see event 4E);  Loss of coverage under another federally-sponsored health benefits program;  Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;  Loss of coverage under Medicaid or similar State-sponsored program;  Loss of coverage under a non-Federal health plan. | No                                  | Yes  | Yes   | Yes                                      | From 31 days before through 60 days after loss of coverage.  |
| 4G            | Enrollee or eligible family member loses coverage due<br>to the discontinuance, in whole or part, of an FEHB<br>plan.  | N/A                                 | Yes  | Yes   | Yes                                      | During open season, unless<br>OPM sets a different time.   |
| 411           | Enrollee or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.  | N/A                                 | Yes  | Yes   | No                                       | Upon notifying the employing office of the move or change of place of employment.  |
| 4I            | On becoming eligible for Medicare.  (This change may be made only once in a lifetime.)   | N/A                                 | No   | Yes   | No                                       | At any time beginning on the 30th day before becoming eligible for Medicare.   |
| 5             | Employees Who Are Not Participating In Premis  | um Conversion                       | +  | 1   |  | I .  |
| 5A            | Initial opportunity to enroll.   | Yes                                 | N/A  | N/A   | N/A                                      | Within 60 days after becoming eligible.  |
| 5B            | Open Season.   | Yes                                 | Yes  | Yes   | Yes                                      | As announced by OPM.   |
| 5C            | Change in family status; for example: marriage, birth or death of family member, adoption, or divorce  | Yes                                 | Yes  | Yes   | Yes                                      | From 31 days before through 60 days after event.   |

|               | QLE's That Permit<br>Enrollment or Change   | Chang                               | je that May  | Be Permi  | itted                                    | Time Limits   |  |  |
|---------------|---|-------------------------------------|--|---|--|---|--|--|
| Event<br>Code | Event   | From Not<br>Enrolled to<br>Enrolled | From Self<br>Only to Self<br>Plus One or<br>Self and<br>Family | From<br>One<br>Plan or<br>Option<br>to<br>Another | Switch<br>Designated<br>Family<br>Member | When You Must File Health<br>Benefits Election Form With<br>Your Employing Office                                     |  |  |
| 5D            | Change in employment status, for example:   | Yes                                 | Yes  | Yes   | No                                       | Within 60 days of employment  |  |  |
|               | Reemployment after a break in service of more than 3  |                                     |  |   |  | status change.  |  |  |
|               | <ul> <li>days;</li> <li>Return to pay status following loss of coverage due to expiration of 365 days of LWOP status or termination of coverage during LWOP;</li> </ul>   |                                     |  |   |  |   |  |  |
|               | <ul> <li>Return to pay sufficient to make withholdings<br/>after termination of coverage during a period of<br/>insufficient pay;</li> </ul>  |                                     |  |   |  |   |  |  |
|               | Restoration to civilian position after serving in uniformed services:   |                                     |  |   |  |   |  |  |
|               | Change from temporary appointment to appointment<br>that entitles employee receipt of Government<br>contribution;   |                                     |  |   |  |   |  |  |
|               | Change to or from part-time career employment.  |                                     |  |   |  |   |  |  |
| 5E            | Separation from Federal employment when the employee is employee's spouse is pregnant.  | Yes                                 | Yes  | Yes   | No                                       | Enrollment or change must occur during final pay period of employment.  |  |  |
| 5F            | Transfer from a post of duty within the United States to a post of duty outside the United States, or reverse.  | Yes                                 | Yes  | Yes   | Yes                                      | From 31 days before leaving old post through 60 days after arriving at new post.                                      |  |  |
| 5G            | <ul> <li>Employee or eligible family member loses coverage under FEHB or another group insurance plan, for example:</li> <li>Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment;</li> <li>Loss of coverage under another federally-sponsored health benefits program;</li> <li>Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;</li> <li>Loss of coverage under Medicaid or similar State-sponsored program;</li> <li>Loss of coverage under a non-Federal health plan.</li> </ul> | Yes                                 | Yes  | Yes   | Yes                                      | From 31 days before through 60 days after loss of coverage.   |  |  |
| 511           | Enrollee or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.   | N/A                                 | Yes  | Yes   | Yes                                      | During open season, unless<br>OPM sets a different time.  |  |  |
| 5I            | Loss of coverage under a non-Federal group health plan<br>because an employee moves out of the commuting area<br>to accept another position and the employee's<br>non-federally employed spouse terminates employment<br>to accompany the employee.   | Yes                                 | Yes  | Yes   | Yes                                      | From 31 days before the employee leaves the commuting area through 180 days after arriving in the new commuting area. |  |  |
| 53            | Employee or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside the area, moves or becomes employed further from this area.  | N/A                                 | Yes  | Yes   | Yes                                      | Upon notifying the employing office of the move or change of place of employment.                                     |  |  |

|               | QLE's That Permit<br>Enrollment or Change  | Chan                                | ge that May  | Time Limits                                       |  |  |
|---------------|--|-------------------------------------|--|---|--|--|
| Event<br>Code | Event  | From Not<br>Enrolled to<br>Enrolled | From Self<br>Only to Self<br>Plus One or<br>Self<br>and Family | From<br>One<br>Plan or<br>Option<br>to<br>Another | Switch<br>Designated<br>Family<br>Member | When You Must File Health<br>Benefits Election Form With<br>Your Employing Office            |
| 5K            | On becoming eligible for Medicare  (This change may be made only once in a lifetime.)  | N/A                                 | No   | NA  | No                                       | At any time beginning on the 30th day before becoming eligible for Medicare.                 |
| 5L            | Temporary employee completes one year of continuous service in accordance with 5 U.S.C. Section 8906a.                                   | Yes                                 | N/A  | N/A   | No                                       | Within 60 days after becoming eligible.  |
| 5M            | Salary of temporary employee insufficient to make withholdings for plan in which enrolled.   | N/A                                 | No   | Yes   | No                                       | Within 60 days after receiving notice from employing office.                                 |
| 5N            | Employee or eligible family member becomes eligible for assistance under Medicaid or a State Children's Health Insurance Program (CHIP). | Yes                                 | Yes  | Yes   | Yes                                      | Within 60 days after the date the employee or family member becomes eligible for assistance. |



### **Health Benefits Election Form**

| riealti berielis Program   |                                      |  |        |            |             |               | 2000  |             |          |                        |                   |
|--|--------------------------------------|--|--------|------------|-------------|---------------|-------|-------------|----------|------------------------|-------------------|
| Part A - Enrollee and Family Member Information (for                 | ·                                    | ~~~~~  |        | ·····      |             |               | ~~~~  | -           |          | 1 -                    |                   |
| 1. Enrollee name (last, first, middle initial)                       | 2. Social Security Number            | 3.   | Dat    | te of birt | h (mm/do    | l/yyyy)       | 4.    | Sex         |          | 5. A                   | re you married?   |
|  |                                      |  |        |            |             |               |       | М           | F        | Н,                     | Yes No            |
| 6. Home mailing address (including ZIP Code)                         |                                      | 7  | Tf v   | iou ara c  | overed by   | y Medicare,   | -     |             |          | 1 !                    | 1 1               |
| 6. Home maning address (including zir Code)                          |                                      | ′  | che    | ck all the | it apply.   | y iviculcaic, | '  °. | Medica      | ne Clan  | II INUIII              | Jei<br>Jei        |
|  |                                      |  | Α      |            | В           | D             |       |             |          |                        |                   |
|  |                                      | 9.   | Are    | e you co   | vered by    | insurance of  | ther  | than Me     | dicare?  |                        |                   |
|  |                                      |  |        |            |             |               |       |             |          |                        |                   |
|  |                                      |  | Y      | es, indica | ate in iten | n 10 below.   |       |             | No       |                        |                   |
| 10. Indicate the type(s) of other insurance:                         |                                      | ,  |        |            |             |               |       | '           |          |                        |                   |
| TRICARE Other Name of other insurance:                               |                                      |  |        |            |             |               | Po    | licy Num    | her:     |                        |                   |
| L  | les and one disible family may       | ash ar   | doo    | ion atad   | bu the con  |               |       |             |          |                        | lmant annara tha  |
|  |                                      | member designated by the enrollee. An FEHB Self and Family enrollment covers the are than one FEHB enrollment. See instructions for item 10 on page 1. |        |            |             |               |       |             |          |                        |                   |
| 11. Email address  | Thuy be control on an and an another | 12. Preferred telephone number   |        |            |             |               |       |             |          |                        |                   |
| 11. Eman address   |                                      | 12.  | 110    | ieneu ie   | repriorie i | number        |       |             |          |                        |                   |
|  |                                      |  |        |            |             |               |       |             |          |                        |                   |
| 13. Name of family member (last, first, middle initial)              | 14. Social Security Number           | 15.  | Da     | ite of bir | th (mm/d    | d/vvvv)       | T     | 16. Sex     |          | 17. I                  | Relationship code |
|  | ,                                    |  |        |            | ,           | 22222         |       |             |          |                        | •                 |
|  |                                      |  |        |            |             |               |       | M           | F        |                        |                   |
| 18. Address (if different from enrollee)                             |                                      | 19.  | If t   | this fami  | ly memb     | er is covere  | d 2   | 20. Med     | icare Cl | aim Nu                 | mber              |
|  |                                      |  | by     | Medica     |             | all that app  | ly.   |             |          |                        |                   |
|  |                                      |  | A      |            | В           | D             |       |             |          |                        |                   |
|  |                                      | 21.  | Is 1   | this fami  | ily memb    | er covered l  | by i  | nsurance    | other th | ian Med                | licare?           |
|  |                                      |  | T 37.  |            |             | . 22 %        |       |             | ¬        |                        |                   |
| 22. Indicate the type(s) of other insurance:                         |                                      |  | 16     | es, marca  | tie in iten | n 22 below.   |       |             | No       |                        |                   |
|  |                                      |  |        |            |             |               |       |             |          |                        |                   |
| TRICARE Other Name of other insurance:                               |                                      |  |        |            |             |               |       | licy Num    |          |                        |                   |
| FEHB An FEHB Self Plus One enrollment covers the enrol               |                                      |  |        |            |             |               |       |             |          |                        |                   |
| enrollee and all eligible family members. No persor                  | n may be covered under more t        | han  | one    | FEHB e     | nrollmen    | t. See instru | ictic | ons for ite | 2m 10 or | n page .               | <i>!</i> .        |
| 23. Email address (if applicable, enter email address of your spot   | ise or adult child)                  | 24.  |        |            |             |               | аррі  | licable, e  | nter pre | ferred <u>j</u>        | hone number of    |
|  |                                      |  | you    | ur spouse  | e or adult  | t child)      |       |             |          |                        |                   |
|  |                                      |  |        |            |             |               |       |             |          |                        |                   |
| 25. Name of family member (last, first, middle initial)              | 26. Social Security Number           | 27.  | Da     | ite of bir | th (mm/d    | d/yyyy)       | 2     | 28. Sex     |          | 29. I                  | Relationship code |
|  |                                      |  |        |            |             |               | H     | M           | F        |                        |                   |
| 30. Address (if different from enrollee)                             |                                      | 31.  | If     | thic fami  | ly memb     | er is covere  | d     | 32. Med     |          | oim Nu                 | en han            |
| 50. Address (if different from enrottee)                             |                                      | 31.  | by     | Medica     | re, check   | all that app  | ly.   | 52. Mec     | icare Ci | aiii Nu                | moer              |
|  |                                      |  | A      |            | В           | D             |       |             |          |                        |                   |
|  |                                      | 33.  | Is     | this fam   | ily memb    | er covered l  | by i  | nsurance    | other th | an Med                 | licare?           |
|  |                                      |  | _      |            | ·           |               |       |             |          |                        |                   |
|  |                                      | Yes, indicate in item 34 below.  |        |            |             |               |       |             |          |                        |                   |
| 34. Indicate the type(s) of other insurance:                         |                                      |  |        |            |             |               |       |             |          |                        |                   |
| TRICARE Other Name of other insurance:                               |                                      |  |        |            |             |               | Po    | licy Num    | ber:     |                        |                   |
| FEHB An FEHB Self Plus One enrollment covers the enrol               | lee and one eligible family me       | mhei   | r de:  | signated   | by the en   |               |       | •           |          | lv enroi               | lment covers the  |
| enrollee and all eligible family members. No persor                  |                                      |  |        |            |             |               |       |             |          |                        |                   |
| 35. Email address (if applicable, enter email address of your spou   | se or adult child)                   | 36   | Pre    | ferred te  | lephone     | number (if a  | anni  | licable e   | nter nre | forred 1               | hone number of    |
| 22. Estati dadiess (ij applicatio, estat estati dadiess of your spou | se or danie emiaj                    | 30.  |        |            | e or adult  |               | PP.   |             | ner prej | , cr , ca <sub>I</sub> | mone number of    |
|  |                                      |  |        |            |             |               |       |             |          |                        |                   |
| 37. Name of family member (last, first, middle initial)              | 38. Social Security Number           | 39.  | Da     | ite of bir | th (mm/d    | d/yyyy)       | 4     | 40. Sex     |          | 41. I                  | Relationship code |
|  |                                      |  |        |            |             |               |       |             |          |                        | -                 |
|  |                                      |  |        |            |             |               |       | M           | F        |                        |                   |
| 42. Address (if different from enrollee)                             |                                      | 43.  |        |            |             | er is covere  |       | 14. Med     | icare Cl | aim Nu                 | mber              |
|  |                                      |  | ı .    | Medica     |             | all that app  | 1y.   |             |          |                        |                   |
|  |                                      | 1.5  | A      |            | В           | D             |       |             | .1 .1    |                        |                   |
|  |                                      | 45.  | Is 1   | this fami  | ily memb    | er covered l  | by n  | nsurance    | other th | ian Med                | licare?           |
|  |                                      | -  | l v.   | e indice   | ata in itan | n 46 below.   |       | [           | No       |                        |                   |
| 46. Indicate the type(s) of other insurance                          |                                      |  |        | os, marca  | ne m nen    | ii 40 below.  |       |             | 110      |                        |                   |
| Male are type(s) of onice insurance                                  |                                      |  |        |            |             |               |       |             |          |                        |                   |
| TRICARE Other Name of other insurance:                               |                                      |  |        |            |             |               | Po    | licy Num    | ber:     |                        |                   |
| FEHB An FEHB Self Plus One enrollment covers the enroll              | ee and one eligible family men       | nber   | · des: | ignated i  | by the eni  | rollee. An F  |       |             |          | v enroli               | ment covers the   |
| enrollee and all eligible family members. No person                  | may be covered under more th         | nan c  | one l  | ĔЕНВ er    | irollment   | . See instru  | ctio  | ns for ite  | m 10 on  | page 1                 |                   |
| 47. Email address (if applicable, enter email address of your spou   | se or adult child)                   | 48.  |        |            |             |               | appl  | licable, e  | nter pre | ferred p               | phone number of   |
|  |                                      |  | you    | ur spouse  | e or adult  | child)        |       |             |          |                        |                   |
|  |                                      |  |        |            |             |               |       |             |          |                        |                   |

| Enrollee name:   |   | Date of birth:          | Date of birth:  |  |  |  |  |  |  |
|--|---|-------------------------|---|--|--|--|--|--|--|
|  |   |                         |   |  |  |  |  |  |  |
| Part B - FEHB Plan You Are Curre   | ntly Enrolled In (if applicable)                                | Part C - FEI            | HB Plan You Are Enrolling In or C   | hanging To                               |  |  |  |  |  |
| 1. Plan name   | 2. Enrollment o   | ode 1. Plan name        |   | 2. Enrollment code                       |  |  |  |  |  |
|  |   |                         |   |  |  |  |  |  |  |
| Part D - Event That Permits You To   | ~   | age 2) Part E - Elei    | ction NOT to Enroll (Employees Only)  | )  |  |  |  |  |  |
| 1. Event code  | 2. Date of event  | My signa                | want to enroll in the FEHB Program.<br>sture in Part H certifies that I have r<br>ion on page 3 regarding this election | have read and understand the             |  |  |  |  |  |
| Part F - Cancellation of FEHB  |   | Part G - Sus            | pension of FEHB (Annuitants/Forn  | ier Spouses Only)                        |  |  |  |  |  |
| I CANCEL my enrollment.  My signature in Part H certifies to information on page 3 regarding | hat I have read and understand t<br>cancellation of enrollment. | he My signa             | ID my enrollment.<br>uure in Part H certifies that I have re<br>ion on page 4 regarding suspension                      | ead and understand the<br>of enrollment. |  |  |  |  |  |
| Part H - Signature   |   |                         |   |  |  |  |  |  |  |
| WARNING: Any intentionally false staten \$10,000 or imprisonment of not more than            | 11  | representation relative | thereto is a violation of the law punishabl   | le by a fine of not more than            |  |  |  |  |  |
| 1. Your signature (do not print)   | Sycars, or boar. (10 C.B.C. 1001.)                              |                         | 2. Date (mm/dd/yyy  |  |  |  |  |  |  |
|  |   |                         |   | <i>,</i> ,                               |  |  |  |  |  |
|  | •   |                         |   |  |  |  |  |  |  |
| Part I - To be completed by agency of<br>REMARKS   | r reurement system  |                         |   |  |  |  |  |  |  |
| TILL MITTING   |   |                         |   |  |  |  |  |  |  |
|  |   |                         |   |  |  |  |  |  |  |
|  |   |                         |   |  |  |  |  |  |  |
|  |   |                         |   |  |  |  |  |  |  |
|  |   |                         |   |  |  |  |  |  |  |
| 1. Date received (mm/dd/yyyy)  | 2. Effective date of a  | ction (mm/dd/yyyy)      | 3. Personnel telephone number   |  |  |  |  |  |  |
|  |   |                         | ( )   |  |  |  |  |  |  |
| 4. Name and address of agency or retirement  | nt system   |                         | 5. Authorizing official (please pri   | nt)                                      |  |  |  |  |  |
| <i>3</i> ,   | •   |                         |   | ,  |  |  |  |  |  |
|  |   |                         | 6. Signature of authorized agency   | official                                 |  |  |  |  |  |
|  |   |                         |   |  |  |  |  |  |  |
| 7. Payroll office number   | 8. Payroll office con   | tact (please print)     | 9. Payroll telephone number   |  |  |  |  |  |  |
|  |   |                         |   |  |  |  |  |  |  |

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## Life Insurance Election

### Federal Employees' Group Life Insurance Program

See Privacy Act Statement on back of Part 3

**General Instructions** By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) do nothing and have Basic automatically, (2) elect Basic and any or all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 -

- Read the back of Part 3 Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.

Form Approved:

OMB No. 3206-0230

Give all parts of your completed form to your employing office. Your employing office will complete Section 6 of this form (or its electronic equivalent) and return your copy to you.

| Employee Copy                          | *This  | electio                                  | on supersedes  | all previous e  | lections.                      | *                                     |   |  |                       |
|--|--|--|--|---|--------------------------------|---------------------------------------|---|--|-----------------------|
| Fill in identifyir                     | ng information concerning the  | employee                                 | <del>-</del><br>2.   |   |                                |                                       |   |  |                       |
| Name (last, first,                     | middle)  | <del>-</del>                             |  | Date of birth (mm/d   | ld/yyyy)                       | Social Secu                           | rity Number   |  |                       |
| Employing depar                        | Employing department or agency OWCP claim if applicable  |  | WCP claim number, applicable   | Location of departn<br>work (city, state, ZI  |                                | y where you                           |   | Daytime telephone number (including area code) |                       |
|  | etain Basic, sign and date below do not want any insurance at  |  |  | usic, you (or your assi   | gnee) may r                    | ot elect or r                         | etain any for   | m of option                                    | al                    |
|  | I want Basic. I authorize deduct   | ions to pay                              | my share of the cost.  | (Basic may be provided  | without cost                   | to U.S. Posta                         | l Service emp   | loyees.)                                       |                       |
| Basic                                  | SIGNATURE (Do not print. Or attorney are <b>not</b> valid.)  | ıly you or y                             | vour assignee may sig  | n. Signatures by guardia  | ins, conserva                  | tors or throug                        | gh a power of   | Date (mm/dd/)                                  | 'עעעע'                |
| Optional                               | If you signed for Basic in item<br>of these options, in which case<br>box(es) below for any option(s)<br>opportunities to enroll in it are st                                | you may e<br>you are e                   | lect only those optior<br>ligible for and wish t   | is which you are eligible   | e to elect as o                | outlined in the                       | e FEGLI Prog  | ram Booklet).                                  | . Sign th             |
|  | You will not be covered  | for any op                               | otion(s) for which you   | a do not sign below, rega   | ırdless of wh                  | ether you pre                         | viously elected   | d the option(s,                                | ).                    |
| Option                                 | i A - Standard   |  | Option B - A   | Additional  |                                | · · · · · · · · · · · · · · · · · · · | ion C - Fa  |  |                       |
| ant Option A.<br>thorize deductions to | pay the full cost.   |  |  | e of my annual basic pay<br>uctions to pay the full co                                | ost. I underst                 | tand that each of my spous            | e multiple I ind<br>n multiple is we<br>se, and \$2,500<br>rize deduction | orth \$5,000 up<br>upon the deat               | pon<br>th of an       |
|  |  |  |  | 3 times my pay  |                                |                                       |   | 3 multiples                                    |                       |
|  |  | 1 tin                                    | mes my pay   | 4 times my pay  | <u> </u>                       | nultiple                              |   | 4 multiples                                    |                       |
|  |  | 2 tii                                    | mes my pay   | 5 times my pay  | 2 r                            | nultiples                             |   | 5 multiples                                    |                       |
|  | orint. Only you or your assignee<br>guardians, conservators or<br>rney are <b>not</b> valid.)  | may sign.                                | TURE (Do not print. (<br>Signatures by guards<br>a power of attorney ar  |   | may sigr                       | n. Signatures                         | ot print. Only y<br>by guardians,<br>ttorney are <b>no</b> i              | conservators                                   |                       |
| e (mm/dd/yyyy)                         |  | Date (mn                                 | ı/dd/yyyy)   |   | Date (m                        | m/dd/yyyy)                            |   |  |                       |
| If you want N                          | IO life insurance coverage   | , sign and                               | l date below.  |   |                                |                                       |   |  |                       |
| Waiver of<br>all life                  | I want NO life insurance cover<br>employing office receives this<br>satisfactory medical information<br>open season, which is held infre<br>waive life insurance coverage no | waiver. Fu<br>, or (2) I e<br>quently. I | orther, I cannot get B<br>experience a life even<br>understand that I can  | lasic life insurance unle<br>t, or (3) I have a break in<br>tot get any optional insu | ss (1) I wait<br>n Federal ser | at least 1 ye<br>vice of at lea       | ear after I sign<br>ist 180 days, o                                       | n this form ar<br>or (4) I particip            | nd submi<br>pate in a |
| insurance<br>coverage                  | SIGNATURE (Do not print. Or<br>a power of attorney are <b>not</b> valid  | ıly you or y<br>d.)                      | vour assignee may sig  | n. Signatures by guardia  | ins, conserva                  | tors or throug                        | gh Date (m  | nm/dd/yyyy)                                    |                       |
| Agency <i>Rem</i><br>Use               | arks:  |  |  |   |                                |                                       |   | ewly eligible er<br>" for event.               | mployee,              |
| Name and address                       | s of employing office  |  | Date recei   | ved in employing office   | Effective da                   | 0                                     | change  | of event perm                                  | itting                |
|  |  |  | I falles   | d the instructions on   | the back of                    | Part 1                                |   |  |                       |
|  |  |  | Table   Tabl | of authorized agency off  | ············                   | z 145 t I.                            |   |  |                       |
|  |  |  | Signature  | or aumorized agency off   | 10101                          |                                       |   |  |                       |
| The employee's cou                     | ov of this form, when completed by t   | ne emplovir                              | a office together with   | the FEGI I Program Bookle   | et (FF 76-21 o                 | r FF 76-20 for                        | U.S. Postal Ser   | vice employee                                  | -25)                  |

constitute the employee's Certificate (proof) of Insurance.

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PART 1 - File in Official Personnel Folder

#### **Instructions for Agencies**

#### Who Should File This Form?

- New employees eligible for life insurance who want optional insurance or no insurance. Note: New employees who want only Basic do not have to file.
- Employees appointed to positions that allow life insurance coverage following service in positions that did not allow life insurance coverage.
- **Employees** who want to change their life insurance.
- Reinstated employees who filed a previous waiver of any type of life insurance, were separated from service for at least 180 days, and wish to elect coverage.
- Assignees who want to decrease or cancel coverage.
- Department of Defense employees designated "emergency essential" and civilian employees deployed in support of a contingency operation per Public Law 110-417.

Give a new employee a copy of the *FEGLI Program Booklet* (FE 76-21 or FE 76-20 for U.S. Postal Service employees) when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period), but no later than 60 days after his or her appointment.

Employees with prior government service in non-excluded positions who were separated after March 31, 1981, should have an SF 2817 on file in their personnel folders, and that election or waiver of coverage may still be in effect. Do not accept a new SF 2817 unless the employee has a break in Federal service of at least 180 days or is eligible to cancel a previous waiver that has been in effect for at least one year, or wishes to reduce coverage.

Until you verify an employee's SF 2817 on file, make deductions based on his or her statement about earlier insurance coverage. Once coverage is confirmed, make any necessary adjustments to correct the withholdings.

An employee may at any time file an SF 2817 to waive or reduce coverage, **unless** the employee has assigned his/her insurance coverage. If the employee has assigned the insurance, **only** the assignee(s) may waive or reduce the coverage (except for Option C which cannot be assigned).

#### 2. How Else Can An Employee Elect More Coverage?

- Provide Medical Information. An employee may elect or increase Basic, Option A, or Option B insurance (but not Option C), if a previously completed SF 2817 waiving coverage has been in effect for more than one year, by submitting satisfactory evidence of insurability via a Request for Insurance, SF 2822. If approved, the employee should make the election on the SF 2817 and submit to the employing agency. More details are contained on the SF 2822.
- Experience A Qualifying Life Event. An employee may elect Basic, Option A, Option B and/or Option C within 60 days following a FEGLI qualifying life event. These events are: marriage, divorce, spouse's death, or the acquisition of an eligible child.

For Option B and Option C, an employee may elect from 1 to 5 multiples (up to 5 total) based on the life event.

An employee who is already enrolled in Option B and/or Option C may elect from 1 to 5 multiples (up to 5 total) within 60 days based on the life event.

# 3. What Should You Review After The Employee Submits This Form?

Review all three parts of the SF 2817 to see that they are legible and complete. If an employee signs the box for Option A, Option B, or Option C, he or she must also sign Section 3, Basic. If the employee uses a downloaded copy, be sure all parts are completed. Contact the employee if any part is unclear.

**Only** the employee may sign this form in Sections 3, 4, or 5, with one exception (noted below). Signatures by guardians, conservators, or through a power of attorney are *NOT* valid.

**Exception:** If the employee assigned the insurance, only the assignee(s) may *waive* or reduce some or all of the employee's coverage. In that case, the assignee(s) must sign the form (although the information in Section 2 must refer to the employee). Please note that assignees cannot increase the employee's coverage. Only the employee can do that.

The employee is solely responsible for ensuring that the SF 2817 accurately reflects his or her intentions.

If the employee is electing new coverage, always make sure that the authorized agency official confirms that the employee is eligible for the coverage, and that the official signs the form in Section 6.

#### 4. When Did You Receive This?

Enter the date the employing office received this form.

#### 5. What Is The Event Permitting The Change?

Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates on the back of Part 2 for event numbers.

#### 6. What Is The Effective Date Of The Coverage?

Enter the effective date of coverage. For new and newly eligible employees: Basic is effective on the first day the employee is in a pay and duty status; Optional coverage is effective on the first day the employee is in a pay and duty status on or after the day the employing office receives the SF 2817. For changes in elections, see the Table of Effective Dates on the back of Part 2. If there is more than one effective date for this election, the 2nd effective date should be notated in Part 6 under "Remarks."

#### 7. What Do You Do With Parts 1, 2, and 3?

After completion, give Part 3 to the employee. File Part 1 in the employee's personnel folder. Destroy Part 2 after payroll office use. Part 3, and the *FEGLI Program Booklet* (FE 76-21, or FE 76-20 for U.S. Postal Service employees), serve as the employee's certificate of insurance.

#### 8. Where Can You Find More Information?

Consult the *FEGLI Program Booklet* (FE 76-21 or FE 76-20 for U.S. Postal Service employees) or the FEGLI Handbook, which are available on the FEGLI web site at www.opm.gov/insure/life.



## Life Insurance Election Federal Employees' Group Life Insurance Program

Form Approved: OMB No. 3206-0230

| Group Life Insurance   |   |   |  |  |
|--|---|---|--|--|
| INSURANCE SF 50  | SF 50 Equivalents of  | Insurance Codes   | ı  |  |
| 0000         B0         1101         F1         1012           1000         C0         1102         F2         1013           1100         D0         1103         F3         1014           1001         E1         1104         F4         1015           1002         E2         1105         F5         1111           1003         E3         1010         G0         1112           1004         E4         1110         H0         1113 | I3     1020     K0     1122     N2       I4     1120     L0     1123     N3       I5     1021     M1     1124     N4       J1     1022     M2     1125     N5       J2     1023     M3     1030     90       J3     1024     M4     1130     P0 | 1031     Q1     1134     R       1032     Q2     1135     R       1033     Q3     1040     S       1034     Q4     1140     T       1035     Q5     1041     U       1131     R1     1042     U       1132     R2     1043     U       1133     R3     1044     U | 5   1141 V1<br>0   1142 V2<br>0   1143 V3<br>11   1144 V4<br>12   1145 V5<br>1050 W0 | 1051 Y1 1154 Z4<br>1052 Y2 1155 Z5<br>1053 Y3<br>1054 Y4<br>1055 Y5<br>1151 Z1<br>1152 Z2<br>1153 Z3 |
| Fill in identifying information concerning the   |   |   | ·····  |  |
| Name (last, first, middle)   |   | Date of birth (mm/dd/yyyy)  | Social Security N  | umber  |
| Employing department or agency   | OWCP claim number, if applicable  | Location of department or age<br>work (City, state, ZIP Code)   |  | ime telephone number<br>uding area code)   |
| If this block is signed, enter 1 in  |   |   |  |  |
| Basic SIGNATURE (Do not print. On attorney are not valid.)   | ıly you or your assignee may sign. Si   | gnatures by guardians, conser   | vators or through a po   | wer of Date (mm/dd/yyyy)   |
| 4  |   |   |  |  |
| Option A - Standard  | Option B - Add  | itional   | Option   | C - Family   |
| In item 7, box 2:  If this block is not signed, enter 0  If this block is signed, enter 1.   | 1 times my pay  | If the sumber marked "X" If the below is stimes my pay 4 times my pay   |  | ter the number marked "X"  3 multiples  4 multiples  5 multiples                                     |
| SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are <b>not</b> valid.)   | SIGNATURE (Do not print. Only may sign. Signatures by guardians, through a power of attorney are no   | conservators or may s   |  | nt. Only you or your assignee<br>ardians, conservators or<br>y are <b>not</b> valid.)                |
| Date (mm/dd/yyyy)  | Date (mm/dd/yyyy)   | Date (  | mm/dd/yyyy)  |  |
| If you want NO life insurance coverage   | sign and date below.  | <u> </u>  |  |  |
| In item 7: If this block is signed, Waiver of all life   |   |   |  |  |
| insurance SIGNATURE (Do not print. On coverage power of attorney are not valid.)   | nly you or your assignee may sign. Si   | gnatures by guardians, conser   | vators or through a  | Date (mm/dd/yyyy)  |
| Agency Remarks: Use  |   |   |  | If new/newly eligible employee,<br>enter "0" for event.  |
| Name and address of employing office   | Date received (mm/dd/yyyy)  | in employing office Effective (mm/dd/y)   |  | Number of event permitting change (See back of Part 2)   |
|  | I followed th   | e instructions on the back  | of Part I.   |  |
|  | Signature of au   | nthorized agency official   |  |  |
| INSTRUCTIONS: Enter codes in the boxes on th   | e right as directed in items 3, 4 and 5   | above.  | Insurance Code 1 2 3 4   | SF 50<br>Equivalent  |
|  |   |   |  |  |

Table of Effective Dates: Changes in Life Insurance Coverage

Deductions: Begin, increase, stop or decrease in the same pay period in which coverage begins, increases, stops, or decreases

| vent Allowing Change Change Change Change Permitted? (To elect any option, employee must elect or retain Basic) |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Diene Anowing Change  | Basic  | Option A - Standard  | Option B - Additional  | Option C - Family  |  |  |  |  |
| 0. New/Newly Eligible<br>Employee:  | Yes. See "Instructions to Agencies", #5, back of Part 1.   | Yes. Same as Basic.  | Yes. Same as Basic.  | Yes. Same as Basic.  |  |  |  |  |
| PROVIDING MEDICAL INFORMATION: Approval of Request for  | Yes. Coverage is automatically effective the first day<br>the employee is in a pay and duty status on or after<br>date of OFEGLTs approval.  | Yes. Coverage is effective the first day the employee is in a pay and duty status on or after the date of OFEGLPs approval and the agency receives the SF 2817.  | Yes. Same as Option A.   | No. An employee may NOT elect Option C by providing medical information.   |  |  |  |  |
| Insurance (SF 2822) by<br>the Office of Federal<br>Employees' Group<br>Life Insurance (OFEGL1)                  | Time Limit - on or after OFEGLTs date of approval If employee is not in a pay and duty status within 60 days, Basic does NOT become effective, and the employee must start over  | Time Limit - Employee must submit the SF 2817 and be in a pay and duty status within 60 days after date of OFEGL's approval. If employee is not in a pay and duty status or doesn't submit the SF 2817 within those 60 days. Option A does <b>not</b> become effective, and the employee   |  |  |  |  |  |  |
| LIFE EVENT:     Marriage, divorce, death     of spouse, or acquisition     of an eligible child.                | Yes. Coverage is effective the day of the event if the SF 2817 is received before the event and the employee is in pay and duty status on the day of the event. Otherwise, Coverage is effective the first day in pay and duty status after the event and after receipt of the SF 2817.  | must start over Yes. Same as Basic.  Coverage - Same as Basic.  Time Limit - Same as Basic.  | Yes. Same as Basic.  Employee may elect or increase multiples (up to 5 total).  Coverage - Same as Basic.  Time Limit - Same as Basic.   | Yes. Employee may elect or increase multiples (up to 5 total). If the employee has Basic, Coverage is effective the day the employing office receives the election, or th date of the event, whichever is later. If Basic and Option C are elected at the same time, Option C is effective when Basic becomes effective. |  |  |  |  |
|   | Time Limit - Agency must receive the SF 2817 and   |  | Time Balle Salle as Estate.  | Time Limit - Same as Basic.  |  |  |  |  |
|   | proof of the event within 60 days after the day of the event.  |  |  | (Note: If the employee already has Basic, there is no pay and duty status requirement for Option C.)   |  |  |  |  |
| Employee is reinstated  | employee   | Yes. Employee may elect Option A within 60 days after reinstatement. However, if employee does not submit SF 2817 electing coverage within 60 days after reinstatement, whe has the same Optional insurance carried before the break in service effective the beginning of the reinstatement.  | Same as Option A   | Same as Option A.  |  |  |  |  |
|   | No. However, if employee is later converted to a non-excluded position, the coverage is effective on the first day the employee is in a pay and duty status on or after being converted to such a position.  | No. However, if employee is later converted to a non-excluded position, the coverage is effective on the first day the employee is in a pay and duty status in the converted position on or after the date the agency receives the SF 2817 electing such coverage.  Time Limit - Employee must submit the SF 2817 within 60 days after conversion to an eligible position. | Same as Option A.  | Same as Option A.  |  |  |  |  |
| 5A CANCELING/<br>WAIVING<br>COVERAGE:<br>employee/assignee  | A Yes. If the coverage is canceled in the first pay period, no premiums are due. Otherwise, coverage stops at the end of the last day of the pay period in which the agency receives the SF 2817, with no 31-day extension of coverage.  Time Limit - None Employee may cancel.  | A. Same as Basic   | A. Same as Basic   | A Same as Basic  Option C cannot be assigned.  If Option C is canceled because there no longer are eligible family members, the effective date is retroactive to the end of the pay period in which there no longer are any eligible family members.   |  |  |  |  |
| OF  | coverage at any time. However, if the insurance is assigned, only the assigned(s) may cancel   |  |  | The employing agency must refund Option C premiums retroactive to that effective date  |  |  |  |  |
| 5B. REDUCING OPTION B and/or OPTION C MULTIPLES employee/assignee   | B. Not applicable  | B. Not applicable  | B Yes Employee may at any time reduce the number of multiples, unless the insurance has been assigned in that case, only the assignee(s) may reduce coverage—the employee may not. This new coverage is effective at the beginning of the pay period following the one in which the employing office receives the SF 2817. | B Yes Employee may at any time reduce the number of multiples. This new coverage is effective at the beginning of the pay period following the one in which the employing office receives the SF 2817. Assignee(s) cannot reduce Option C.   |  |  |  |  |
| 6. Open Season.   | If permitted under conditions specified by OPM.  | Same as Basic.   | Same as Basic.   | Same as Basic.   |  |  |  |  |
| DEFENSE AND<br>CIVILIAN<br>EMPLOYEES<br>AFFECTED<br>BY PUBLIC LAWS  | Yes, if employing agency determines employee meets criteria to elect coverage. Coverage is effective the first day the employee is in a pay and duty status on or after the date the agency receives the SF 2817.  Time Limit - Agency must receive the SF 2817 within 60 days of the date the employee receives official notice of deployment in support of a | Samie as Basic   | Same as Basic Employee may elect or increase multiples (up to 5 total).  | No. An employee may NOT elect Option C via these provisions of law.  |  |  |  |  |

### Instructions for Employees

#### General Information

The major provisions of this program are described in the Federal Employees' Group Life Insurance (FEGLI) Program Booklet (FE 76-21 or FE 76-20 for U.S. Postal Service employees). Please read the entire booklet carefully. Your completed copy of this election form (SF 2817) and the FEGLI Program Booklet constitute your certificate (proof) of insurance. These publications, as well as comprehensive FEGLI information, are available at www.opm.gov/insure/life.

#### I Am A New Employee or Newly Eligible for Life Insurance. What Do I Need To Know?

You are automatically enrolled in Basic (even if you don't complete this form) unless you waive it. If you waive Basic, you automatically waive all forms of Optional insurance. You will not have any Optional insurance unless you elect it.

To elect Basic: You do not have to submit this form unless you also wish to elect Optional insurance.

To waive Basic: Sign Section 5 of the form and give it to your employing office. Your agency will withhold Basic premiums from your salary from your first day at work in a pay status UNLESS you submit your waiver before the end of your first pay period.

To elect Optional: Sign Section 3 and one or more of the blocks in Section 4 of the form and give it to your employing office within 60 days after the date you are appointed or first become eligible for life insurance.

To waive Optional: If you do not sign for a particular type of Optional coverage in Section 4, you automatically waive that coverage.

#### I Am An Employee With Prior Government Service. What Do I Need To Know?

When you return to work after a break in service of less than 180 days, your human resources office will automatically enroll you in the same coverage that you had before you left your prior position, if any. This coverage will be effective on your first day in a pay and duty status in a FEGLI eligible position. You will have to qualify to elect other coverage (open season, providing medical information, or a life event). If you waived some coverage, then the waiver of that coverage is still in effect.

When you return to work after a break in service of 180 days or more, your human resources office will automatically enroll you in Basic and the same Optional insurance that you had in your prior position. This coverage will be effective on your first day in a pay and duty status in a FEGLI eligible position. You may elect more insurance (if you don't already have the maximum) within 60 days of your appointment to an eligible position. If you previously waived coverage then that waiver is no longer in effect. You will automatically be enrolled in Basic, unless you file a new waiver.

See the FEGLI Program Booklet (FE 76-21 or FE 76-20 for U.S. Postal Service Employees) for more details.

#### I Am A Reemployed Annuitant. What Do I Need To Know?

If you waive your insurance when you return to Federal Service as a reemployed annuitant, you also waive your insurance with your retirement annuity. You will have no FEGLI life insurance. It is important that you contact your human resources office and inform them that you are a reemployed annuitant. More details can be found in OPM Form 1482, Agency Certification of Status of Reemployed Annuitants.

What If I Assigned My Coverage? If you have assigned your insurance by filing an RI 76-10, Assignment of Federal Employees' Group Life Insurance, you may not cancel any of your insurance coverage (except Option C). Only the assignee(s) may cancel your coverage. However, you may elect new coverage if you otherwise meet the requirements for electing such coverage. Any new coverage you elect will automatically be subject to your existing assignment, except for Option C, which you cannot assign. All assignments are automatically canceled after a break in service of at least 31 days, or upon cancellation of all life insurance coverage by the assignee(s).

#### I Am An Assignee. What Can I Do?

If you are completing this form in order to cancel some or all of the employee's life insurance coverage, you must sign the form. The information in Section 2 of the form refers to the employee, but you must sign in Section 3, 4 or 5, as applicable. Indicate "assignee" after your signature. Return the completed form to the employee's employing office. If the insured is an annuitant, return the completed form to OPM, Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-0045. See #11 for where to return the completed form if the insured is a compensationer.

#### How Do I Complete The Form?

Follow the instructions for each item carefully. After you fill out the form, review it to be sure it is complete and correct. The following checklist should help.

If you sign Section 3, you elect (or retain) Basic.

If you sign any block in Section 4, you elect (or retain) Optional Insurance. You must also elect (or retain) Basic by signing Section 3.

If you sign Section 4 for Option B and/or Option C, you must also mark one of the five boxes to show how many multiples you wish to elect (or retain). Do not mark more than one box.

Be Sure You Sign For All Options You Want. This election supersedes all previous ones. If you have optional coverage and wish to keep it, you must sign the appropriate box(es). If you do not sign for it, you have waived it.

If you sign Section 5, you waive all FEGLI coverage.

Only you, the employee, may sign this form. Signatures by guardians, conservators, or through a power of attorney are not acceptable.

Exception: If you have assigned your insurance, only the assignee(s) may cancel some or all of your coverage. In that case, the assignee(s) must sign the form (although the information in Section 2 must refer to you).

REMEMBER THAT YOU, NOT YOUR AGENCY, ARE RESPONSIBLE FOR ENSURING THAT YOUR SF 2817 (OR ITS ELECTRONIC EQUIVALENT) IS CORRECT AND ACCURATELY REFLECTS YOUR INTENTIONS. IF YOU DO NOT SIGN FOR IT, YOU HAVE CANCELED/WAIVED IT.

#### **Open Seasons**

If you elected coverage during an Open Season, and that coverage has not yet become effective, and you want to make a further change to your FEGLI coverage on this SF 2817, you should check with your employing office. That office can tell you about any special election procedures that may apply.

#### What If I Waive or Reduce My Coverage?

If you do not sign for a particular type of coverage, you have waived that coverage. If you waive Basic or one or more of the options, your opportunities to enroll in the coverage you waived are strictly limited. A waiver may also affect your eligibility to continue coverage into retirement. See the FEGLI Program Booklet (FE 76-21 or FE 76-20 for U.S. Postal Service employees) for more details.

#### 10. Where Do I Send The Completed Form?

After you have completed this form and verified that it accurately reflects your intentions, send the entire form (without separating the parts) to your human resources office. Do *not* send the form to OPM or OFEGLI.

### 11. What If I Receive Workers' Compensation?

If you are receiving compensation payments from the Office of Workers' Compensation Programs (OWCP), provide your OWCP number in Section 2 of the form. If you are still employed, return the completed form to your employing office. If you are not still employed or if you have been receiving compensation payments for at least 12 months, see your human resources office about your continued eligibility under the FEGLI Program.

#### 12. How Do I Verify That My Agency Processed My Election?

After your employing office processes your election form, you will receive an SF 50, Notification of Personnel Action. A two digit code appearing on the SF 50 will explain your insurance coverage. These codes are explained in Part 2 of the SF 2817. Also check your pay statement for the correct withholdings. If you are insured as a compensationer, you will receive a notice from OPM which will explain your insurance coverage.

#### 13. Where Do I Get More Information About The FEGLI Program?

Consult the FEGLI Program Booklet (FE 76-21 or FE 76-20 for U.S. Postal Service employees) or the FEGLI Handbook (RI 76-26), which are available on the FEGLI web site at www.opm.gov/insure/life.

#### Privacy Act and Public Burden Statements

Chapter 87, title 5, U.S. Code, Federal Employees' Group Life Insurance, authorizes solicitation of this information. The data you furnish will be used to determine your life insurance coverage. This information may be shared and is subject to verification, via paper, electronic media, or through the use of the computer matching programs, with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs or law enforcement agencies, when they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number to distinguish between the applicant and people with similar names. Failure to furnish the requested information may result in your agency's inability to determine your life insurance coverage.

We estimate this form takes an average of 15 minutes to complete including the time for getting the needed data and reviewing both the instructions and completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Retirement Services Publications Team (3206-0230), Washington, DC 20415-3430. The OMB Number, 3206-0230 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.



Form Approved OMB No. 3206-0136

Designation of Beneficiary
Federal Employees' Group Life Insurance (FEGLI) Program
(DO NOT erase or cross-out. Use a new form.)

Important: Read instructions on the Back of Part 2 before completing this form.

| A. Information Abou  | t the Insured (not the                                      | Assignee, if there                            | is oi        | ne) (type or print)   |                                     |  |                                   |
|--|---|---|--------------|---|-------------------------------------|--|-----------------------------------|
| Name of Insured (Last, first, r  | middle)   |   |              | Date of birth of Insured (mm/dd/yy)   | vy)                                 | Social Security Num  | ber of Insured                    |
| The Insured is:  Place an "X" in the appropriate box.  | an employee a retiree a compensationer                      |   |              | If the Insured is retired or receiving CSI, or OWCP claim number:   | Federal                             | Employees' Compens   | nation, give CSA,                 |
| Department or agency where Department or agency  | the Insured works (If retired                               | , last department or age                      | -            | here the Insured worked):<br>Bureau or division   |                                     | Location (city, state,                                     | and ZIP code)                     |
|  |   |   |              |   |                                     |  |                                   |
| B. Information Abou  | t the Beneficiary or B                                      | eneficiaries (See                             | Back         | of Part 1 for examples) (ty   | pe or p                             | orint)   |                                   |
| First name, middle initial<br>each benefii   |   | cial Security Number                          |              | Address (Including ZIP code)  |                                     | Relationship   | Percent or fraction<br>designated |
|  |   |   |              |   |                                     |  |                                   |
|  |   |   |              |   |                                     |  |                                   |
|  |   |   |              |   |                                     |  |                                   |
|  |   |   |              |   |                                     |  |                                   |
|  | •   | al 100% or 1.0) (Do i                         |              | se dollar amounts)<br>finsurance. See example 4 on i  | Back of                             | Part 1.)   |                                   |
| C. Statement of Insu   | red or Assignee (type                                       | or print)                                     |              |   |                                     |  |                                   |
| Your name and address (Incli   | uding ZIP code)   |   | Plea<br>I am | se check one:<br>i:   | Please                              | check all three:   |                                   |
|  |   |   |              | the Insured   |                                     | have not assigned to                                       |                                   |
|  |   |   | See          | an Assignee  Back of Part 2 for definitions   | s                                   | ignature signed belo<br>did not name either<br>eneficiary. | ow.                               |
| understand that if there is<br>right to designate a benefici<br>valid court order on file wit<br>Management, as appropriat | ary. If a valid assignment i<br>h the agency or the U.S. Of | s not on file, but there<br>fice of Personnel | is a         | I understand that if this Designa<br>Federal Employees' Group Life<br>next most recent valid designatio<br>order listed on the Back of Part | tion is ir<br>Insurano<br>n. If the | valid for any reason<br>ce will pay benefits a             | ccording to the                   |
| not valid.<br>Lunderstand that if this Des<br>canceled. (See "When Is A  | ignation is valid, it will sta                              | y in effect unless it is                      |              | I am canceling any and all previous Federal Employees' Group Life beneficiary(ies) named above.   |                                     |  |                                   |
| Signature of Insured/Assigned of attorney are not acceptable   |   | 200   | , ,          | dians, conservators or through a pigns in this box.   | ower                                | Date (mm/dd/yyyy)  |                                   |
| D. Witnesses To Sig  | nature (A witness is r                                      | ot eligible to rece                           | eive a       | payment as a beneficiary.   |                                     | •  |                                   |
| Signature of witness   | <u> </u>  | Address (Including                            |              |   |                                     |  |                                   |
| Signature of witness   |   | Address (Including                            | ZIP co       | de)   |                                     |  |                                   |
| E. For Agency Use C  | only (or OPM, as appr                                       | opriate)                                      |              |   |                                     |  |                                   |
| Receiving agency   |   |   | Signatu      | are of authorized official  |                                     | Title  |                                   |
|  |   |   | art 1 -      | Original  |                                     |  |                                   |

PRINT

### **Examples of Designations**

**1. How to designate one beneficiary** Show beneficiary's full name. Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate, enter "My estate" in the beneficiary column.

| First name, middle initial, and last name of | Social Security Number | Address (Including ZIP vode) | Relationship | Percent or fraction |
|--|------------------------|------------------------------|--------------|---------------------|
| each beneficiary                             |                        |                              |              | designated          |
| Mary E. Brown                                | 000-00-0000            | 214 Central Avenue           | Niece        | 100%                |
| , <b>,</b>                                   |                        | Munice, IN 47303             |              |                     |

# **2. How to designate more than one beneficiary** Be sure that the shares to be paid to the several beneficiaries add up to 100 percent or 1.0. Read instructions on the Back of Part 2 if you need more room.

| First name, middle initial, and last name of each beneficiary | Social Security Number | Address (Including ZIP code)              | Relationship        | Percent or fraction designated |
|---|------------------------|---|---------------------|--------------------------------|
| Jose P. Lopez   | 111-11-1111            | 360 Williams Street<br>Red Band, NJ 07701 | Domestic<br>Partner | one-half                       |
| Rosa L. Rowe  | 222-22-2222            | 792 Broadway<br>Whiting, IN 46392         | Mother              | one-half                       |

# 3. How to designate a contingent beneficiary (Someone to receive the benefits if the person you designate dies before the Insured dies)

| First name, middle initial, and last name of each beneficiary | Social Security Number | Address (Including ZIP code)                | Relationship | Percent or fraction designated |
|---|------------------------|---|--------------|--------------------------------|
| John M. Parrish, if living                                    | 333-33-3333            | 810 West 180th Street<br>New York, NY 10033 | Spouse       | 100%                           |
| Otherwise to: Susan A. Parrish                                | 444-44-4444            | 810 West 180th Street<br>New York, NY 10033 | Sister       | 100%                           |

### 4. How to designate different beneficiaries for Basic and Optional

### You cannot designate Option C - Family.

| First name, middle initial, and last name of each beneficiary | Social Security Number | Address (Including ZIP code)            | Relationship | Percent or fraction designated |
|---|------------------------|---|--------------|--------------------------------|
| Leroy D. White  | 555-55-5555            | 124 Elm Street<br>Dayton, OH 45420      | Father       | 100%<br>Basic                  |
| Jane M. Smith   | 666-66-6666            | 421 Spring Avenue<br>Portland, ME 04101 | Sister       | 100%<br>Option A               |
| Elizabeth J. Allen  | 777-77-7777            | 234 Fifth Avenue<br>New York, NY 10029  | Daughter     | 50%<br>Option B                |
| Ann J. Borden   | 888-88-8888            | 678 Ninth Street Philadelphia, PA 19123 | Daughter     | 50%<br>Option B                |

#### 5. How to designate an inter vivos trust (A trust that you set up during your lifetime)

| First name, middle initial, and last name of each beneficiary  | Social Security Number | Address (Including ZIP code)           | Relationship | Percent or fraction designated |
|--|------------------------|--|--------------|--------------------------------|
| Trustee(s) or Successor Trustee(s) as provided in the John Q. Public Trust Agreement dated 10/15/2013, if valid. Otherwise to: |                        |  | Trustee      | 100%                           |
| Mary E. Brown  | 000-00-0000            | 214 Central Avenue<br>Munice, IN 47303 | Niece        | 100%                           |

#### 6. How to designate a testamentary trust (A trust that is set up when you die, according to terms in your will)

| First name, middle initial, and last name of each beneficiary   | Social Security Number | Address (Including ZIP code)                    | Relationship | Percent or fraction designated |
|---|------------------------|---|--------------|--------------------------------|
| Trustee(s) or Successor Trustee(s) as provided in my Last Will and Testament, if valid. Otherwise to: |                        |   | Trustee      | 100%                           |
| Maria Sufuentes   | 999-99-9999            | 5909 Pacific Avenue, NW<br>Washington, DC 20019 | Niece        | 100%                           |

#### 7. How to cancel all designations of beneficiary

| First name, middle initial, and last name of | Social Security Number | Address (Including ZIP code) | Relationship | Percent or fraction |
|--|------------------------|------------------------------|--------------|---------------------|
| each beneficiary                             |                        |                              |              | designated          |
| Cancel prior designations                    |                        |                              |              |                     |
|  | 1                      |                              |              |                     |

INSTRUCTIONS: The Insured or assignee must sign this form. Two people must witness the signature and sign as witnesses. The Insured's agency (or U.S. Office of Personnel Management [OPM], if the Insured is an annuitant or insured as a compensationer) must receive the designation before the Insured's death. A person with a power of attorney or other similar legal authority may not sign for the Insured or assignee. A witness cannot be a beneficiary. The agency or OPM, as appropriate, must receive valid court orders involving FEGLI before the Insured's death.

Please read the additional instructions below before completing this form.

"You" and "your" refer to the person completing this form (the Insured or an assignee). The "Insured" is the insured employee, annuitant or compensationer. The "Assignee" is a person(s), firm(s), or trust(s) (usually named on an Assignment form, RI 76-10) who owns and controls the Insured's life insurance coverage. An assignment is NOT the same as a designation of beneficiary.

Who receives benefits when the Insured dies? By law, the Office of Federal Employees' Group Life Insurance (OFEGLI) pays benefits in this order:

If the Insured assigned ownership of his/her insurance (usually by filing an RI 76-10, Assignment of Life Insurance), OFEGLI will pay: First, to the beneficiary(ies) the assignee(s) validly designated;

**Second**, if none, to the assignee(s).

- If the Insured did not assign ownership and there is a valid court order (see Part 870 of title 5, Code of Federal Regulations) on file with the agency or OPM, as appropriate, OFEGLI will pay benefits according to the court order.
- If the Insured did not assign ownership and there is no valid court order on file with the agency or OPM, as appropriate, then OFEGLI will pay:

*First*, to the beneficiary(ies) the Insured validly designated; *Second*, if none, to the Insured's widow or widower;

*Third*, if none of the above, to the Insured's child or children in equal shares, and the descendants of any deceased children (a court will usually have to appoint a guardian to receive payment for a minor child);

Fourth, if none of the above, to the Insured's parents in equal shares, or the entire amount to the surviving parent;

Fifth, if none of the above, to the court-appointed executor or

administrator of the Insured's estate;

Sixth, if none of the above, to the Insured's other next of kin entitled under the laws of the State where the Insured lived.

**Do I have to designate a beneficiary?** No. But if you want OFEGLI to pay differently than listed above and you have not assigned the life insurance and there is no valid court order on file with the agency or OPM, as appropriate, you need to designate a beneficiary.

What if one of the beneficiaries dies or is disqualified for any reason? Unless you indicate otherwise on your designation of beneficiary, OFEGLI will distribute that beneficiary's share equally among the surviving beneficiaries, or entirely to the sole survivor.

What if none of the beneficiaries is living when the Insured dies? OFEGLI will pay the benefits according to the order of precedence listed above.

Can I cancel or change this designation at any time? Yes, you may cancel or change your designation at any time, without the knowledge of or consent of the beneficiary(ies), unless you assigned the insurance or there is a valid court order on file with the agency or OPM, as appropriate.

Is a change or cancellation of beneficiary in my last will or testament valid? It is valid only if you sign your will, two people who witnessed your signature sign your will, and your agency (or OPM, for retirees or insured compensationers) receives your will before the Insured's death.

What if I don't know a beneficiary's social security number? If you don't know the number, leave it blank. But having the number helps speed up the payment of benefits.

Can a witness receive benefits as a designated beneficiary? No.

Who can I name as a beneficiary? You may name any person, firm, corporation or legal entity (except an agency of the Federal or District of Columbia government).

Can I use a common disaster clause? Yes. A common disaster clause is a statement that says that a designated beneficiary is entitled to the benefits only if he/she survives the Insured by a specified minimum number of days. The number of days cannot exceed 30. You can name a contingent beneficiary. If you don't name a

contingent and your beneficiary does *not* live long enough to qualify, OFEGLI will pay according to the order listed in the first column.

Can I designate a trust? Yes. See examples 5 and 6 on the Back of Part 1. Those examples name a contingent beneficiary in case the trust is not valid. You don't have to name a contingent beneficiary unless you want to. If the trust is not valid, and you do not name a contingent, OFEGLI will pay according to the order listed in the first column. The trust designation should include the name of the grantor, the trust name (if different), the name(s) of the trustees, and the date the trust was signed.

When is a designation canceled? A designation of beneficiary is automatically canceled 31 days after the Insured stops being insured. It is also canceled if either the Insured or assignee assigns the insurance or if the Insured or assignee submits another valid designation.

What if the Insured elected a full living benefit? Then there is no Basic left. So if you want to designate different types of insurance to different beneficiaries (see example 4 on the Back of Part 1), you should only list Option A and Option B.

Who can sign this form? The Insured or Assignee (if applicable) must sign this form. The signature of a guardian, conservator or other fiduciary (including, but not limited to, those acting according to a Power of Attorney or a Durable Power of Attorney) is *not* acceptable.

What if I erase or cross out something on this form? You should complete another form. Erasures, cross-outs and alterations cause a delay in the payment of benefits and may make the entire designation invalid.

What if I need more room? Write "See Attached" in Part B of the form. Use a blank sheet. Print your name, date of birth and social security number at the top of the attachment. List the information required in Part B for each beneficiary. Sign the form and attachment. Have the same two people witness both of your signatures and sign the form and attachment.

Where can I get more information? The FEGLI Handbook (RI 76-26) and FEGLI Booklet (FE 76-21 or FE 76-20 for Postal employees) contain more information. You can read them at <a href="https://www.opm.gov/healthcare-insurance/life-insurance">www.opm.gov/healthcare-insurance/life-insurance</a>.

Where should I send this form? Send it to the Insured's employing agency if the Insured:

- is an employee; or
- has been receiving compensation payments from the Office of Workers' Compensation Programs for less than 12 months and is still on the agency's rolls as an employee.

Send it to the Office of Personnel Management, Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-0045 if the Insured:

- is a retiree; or
- is receiving compensation payments from the Office of Workers' Compensation Programs and is not still employed or has been receiving compensation payments for at least 12 months.

The agency or OPM will note receipt in section E of the form and return a copy to you as evidence that it received and filed the original.

PROPERLY COMPLETED DESIGNATIONS ARE NOT VALID UNLESS THE APPROPRIATE OFFICE LISTED ABOVE RECEIVES THEM BEFORE THE INSURED'S DEATH.

#### **Privacy Act and Public Burden Statements**

Title 5, U.S. Code, chapter 87, Life Insurance, authorizes solicitation of this information. The Office of Federal Employees' Group Life Insurance (OFEGLI) will use the information you furnish to determine your beneficiary(ies) for benefits under the Federal Employees' Group Life Insurance Program. OFEGLI is not a Federal agency. It is staffed by employees of the contracted life insurance carrier. It may share this information with the Office of Personnel Management (OPM). Agencies and/or OPM will place this information in the Insured's Official Personnel Folder or retirement file. OPM or OFEGLI may disclose this information to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant or other benefit. It may also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs. In addition, to the extent this information indicates possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency.

We also ask for the Insured's Social Security Number to use it as an individual identifier in the Federal Employees' Group Life Insurance Program.

Executive Order 9397, dated November 22, 1943, allows Federal agencies to use the Social Security Number as an individual identifier to distinguish between people with the same or similar names.

While the law does not require you to supply all the information requested on this form, doing so will help in the prompt processing of your designation.

Agencies other than the Office of Personnel Management may have further routine uses for disclosure of information from the records systems in which they file copies of this form. If this is the case, they should provide you with any such uses which are applicable at the time you complete this form.

We estimate this form takes an average of 15 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Retirement Services Publications Team (3206-0136), Washington, D.C. 20415-3430. The OMB number, 3206-0136, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

KEEP YOUR DESIGNATION CURRENT. SUBMIT A NEW ONE IF THE ADDRESS OF ONE OF YOUR BENEFICIARIES CHANGES OR IF YOUR INTENTIONS CHANGE (FOR EXAMPLE, DUE TO A CHANGE IN FAMILY STATUS, SUCH AS MARRIAGE, DIVORCE, DEATH, BIRTH, ETC.).



# **Designation of Beneficiary**

Federal Employees Retirement System

Form Approved OMB No. 3206-0173

Important: Read all instructions before filling in this form

| A. Identification  |  |  |  |   |  |
|--|--|--|--|---|--|
| Name (Last, first, middle)   | Date of birth (i   | mm/dd/yyyy)                                    | Social Security Num  | nber  |  |
| Place an "X" in the appropriate box:   | e Retired or an applicant for retirement   | Former employee e for retirement in the future | eligible If you are retired give   | e your claim number   |  |
| Department or agency in which presently emplo  | yed (or former department or ag  | ency):   |  |   |  |
| Department or agency Bureau  |  | Division                                       | Location (City, state  | and ZIP code)   |  |
| I, the individual identified above, designate to named below to receive any lump-sum benefit under the Federal Employees Retirement Sy including lump-sum death benefits which mamounts contributed to the Civil Service Retical I became covered by FERS. I understand that cancels any previous FERS or CSRS designate remains in effect until I cancel it in writing FERS retirement contributions. | beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason, shall be distributed equally among the stated beneficiaries, or entirely to the survivor. If none that this designation of beneficiary and that it payment will be made according to the order of precedence set by law. |  |  |   |  |
| <b>B. Information Concerning The Ben</b>   | eficiaries (See Examples   | of Designations):                              |  |   |  |
| First name, middle initial, and last name of each beneficiary <b>0</b>   | Address (Including<br>each bene  |  | Relationship<br>to you <b>①</b>  | Share to be paid to each beneficiary                            |  |
|  |  |  |  |   |  |
|  |  |  |  |   |  |
|  |  |  |  |   |  |
|  |  |  |  |   |  |
| Date of designation (mm/dd/yyyy)   | Your signature   |  |  | Total = 100%  |  |
| C. Witnesses (A witness is not eligible  | e to receive payment as  | a beneficiary):                                | I  |   |  |
| We, the undersigned, certify that this state   | ment was signed in our pres  | ence.  |  |   |  |
| Signature of witness   | Address (including ZIP code)   |  |  |   |  |
| Signature of witness   | Address (including ZIP code)   |  |  |   |  |
| Receiving agency certification   |  |  |  |   |  |
| I have reviewed this designation and certify that<br>Date received by agency (mm/dd/yyyy)  | the designated shares total 100°   | % and that no witnesses ar                     | re designated as beneficiaries.  | Date (mm/dd/yyyy)   |  |
| We will pay to the person you designate, even if that and then you two divorce and you marry someone eldesignate who we are to pay.  |  |  |  |   |  |
| We will write to the address you provide here to conta<br>payment.   | act the person you designate. Howe   | ver, that person is obligated to               | o get in touch with us after your de   | ath to ask us to make   |  |
| Type or print your return address so that we can   | return a copy to you.  |  |  |   |  |
|  |  |  | See Back of Employee<br>On Where To F<br>(Retain until employ<br>service and then send to<br>Managemei | ile This Form.<br>ree leaves Federal<br>the Office of Personnel |  |
|  |  |  |  |   |  |

PRINT

Important - The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees Retirement System or under the Civil Service Retirement System you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

### **Examples of Designations**

1.

| 1. HOW TO DESIGNATE ONE BENEFICIARY | Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as |
|-------------------------------------|--|
|                                     | beneficiary, enter "My estate" in the beneficiary column.  |

| First name, middle initial, and last name of each beneficiary | Address (Including ZIP code)<br>of each beneficiary | Relationship<br>to you | Share to be paid to each beneficiary |
|---|---|------------------------|--------------------------------------|
| Mary E. Brown   | 214 Central Avenue<br>Muncie, IN 47303              | Niece                  | 100%                                 |
|   |   |                        |                                      |

#### 2. HOW TO DESIGNATE MORE THAN ONE BENEFICIARY Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

| First name, middle initial, and last Address (Including ZIP code) name of each beneficiary of each beneficiary |                     | Relationship<br>to you | Share to be paid to each beneficiary |  |
|--|---------------------|------------------------|--------------------------------------|--|
| Alice M. Long  | 509 Canal Street    | Aunt                   | 25%                                  |  |
| ATTCC M. Hong  | Red Bank, NJ 07701  | Aure                   | 236                                  |  |
| Joseph P. Brady  | 360 Williams Street | Domestic Partner       | 25%                                  |  |
| boseph F. Brady  | Red Bank, NJ 07701  | Domestic Faither       |                                      |  |
| Catherine L. Rowe  | 792 Broadway        | Mother                 | 50%                                  |  |
|  | Whiting, IN 46394   | Mother                 |                                      |  |

#### 3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY

| First name, middle initial, and last name of each beneficiary | Address (Including ZIP code)<br>of each beneficiary | Relationship<br>to you | Share to be paid to each beneficiary |
|---|---|------------------------|--------------------------------------|
| John M. Parrish, if living                                    | 810 West 180th Street                               | Father                 | 100%                                 |
|   | New York, NY 10033                                  | raciici                | 1000                                 |
| Otherwise to Gusan A Darrich                                  | 810 West 180th Street                               | Sister                 | 100%                                 |
| Otherwise to: Susan A. Parrish                                | New York, NY 10033                                  |                        |                                      |

#### 4. HOW TO DESIGNATE AN INTER VIVOS TRUST (A trust that you set up during your lifetime)

| First name, middle initial, and last name of each beneficiary  | Address (Including ZIP code)<br>of each beneficiary | Relationship<br>to you | Share to be paid to each beneficiary |
|--|---|------------------------|--------------------------------------|
| Trustee(s) or Successor Trustee(s) as provided in the John Q. Public Trust Agreement dated 12/18/1999, if valid. Otherwise to: |   | Trustee                | 100%                                 |
| Mary E. Brown  | 214 Central Avenue<br>Muncie, IN 47303              | Niece                  | 100%                                 |

#### 5. HOW TO DESIGNATE A TESTAMENTARY TRUST (A trust that is set up when you die, according to terms in your will)

| First name, middle initial, and last<br>name of each beneficiary | Address (Including ZIP code) of each beneficiary | Relationship<br>to you | Share to be paid to each beneficiary |
|--|--|------------------------|--------------------------------------|
| Trustee(s) or Successor Trustee(s) as provided in my             |  | Trustee                | 100%                                 |
| Last Will and Testament, if                                      |  |                        |                                      |
| valid. Otherwise to:   |  |                        |                                      |
| Maria Sufuentes  | 5909 Pacific Avenue, NW<br>Washington, DC 20019  | Niece                  | 100%                                 |
|  | washington, be 20019                             | I                      |                                      |

#### 6. HOW TO CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (See back of employee copy)

| First name, middle initial, and last name of each beneficiary | Address ( <i>Including ZIP code</i> )<br>of each beneficiary | Relationship<br>to you | Share to be paid to each beneficiary |
|---|--|------------------------|--------------------------------------|
| Cancel prior designations                                     |  |                        |                                      |
|   |  |                        |                                      |

#### Do not fill out this form until you have read the information and instructions below

#### Instructions

This Designation of Beneficiary Form is used to designate who is to receive a lump-sum payment which may become payable under the Federal Employees Retirement System (FERS). It does not affect the right of any person who is eligible for survivor annuity benefits. This form may not be used and will not be effective in any way to elect, or demonstrate the intent to elect, a survivor annuity for a spouse, former spouse, or an individual who has an insurable interest in an employee. Do not confuse this form with designation forms used for other types of benefits: Standard Form 2808, Designation of Beneficiary - Civil Service Retirement System; Standard Form 2823, Designation of Beneficiary - Federal Employees' Group Life Insurance Program; TSP-3, Thrift Savings Plan Designation of Beneficiary; or Standard Form 1152, Designation of Beneficiary - Unpaid Compensation of Deceased Civilian Employee.

This form is only for employees and retirees under FERS. Employees and retirees under the Civil Service Retirement System (CSRS) must use Standard Form 2808, Designation of Beneficiary - Civil Service Retirement System. If you transferred from CSRS to FERS and previously filed an SF 2808, Designation of Beneficiary - Civil Service Retirement System, your SF 2808 is invalid. You must file a new designation using this form.

*Important* - The filing of this form will completely cancel any Designation of Beneficiary under FERS or CSRS (SF 3102 or SF 2808) you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries for FERS lump-sum death benefits, including lump sum payment of amounts you may have contributed to CSRS before becoming covered by FERS.

#### Order of Precedence

You do not need to make a designation if you are satisfied with the order of precedence that the law provides. That order of precedence follows:

- 1. To your widow or widower.
- If your widow(er) is deceased, to your child or children, with the share of any deceased child distributed among the descendants of that child.
- If none of the above, to your parents in equal shares or the entire amount to the surviving parent.
- 4. If none of the above, to the executor or administrator of your estate.
- If none of the above, to your other next of kin under the laws of the State in which you live at the time of your death.

Payment of a lump sum will be made to the first person or persons listed above who are alive on the day you die.

#### Designating a Beneficiary

- You can designate any person, firm, corporation, trust, or legal entity as your beneficiary.
  - If you want to designate a trust, see examples 4 and 5 on the back of Part 1. Those examples name a contingent beneficiary in case the trust is not valid. You don't have to name a contingent beneficiary unless you want to. If the trust is not valid, and you do not name a contingent beneficiary, OPM will pay according to the order listed under "Order of Precedence" above.
- You can change your beneficiary at any time, without the knowledge or consent of a previous beneficiary, and this right cannot be waived or restricted.
- 3. A designation of beneficiary must be in writing, signed, and witnessed. If you are an employee, the designation must be received in your employing office prior to your death. If you are a separated employee, a retiree or a person receiving recurring payments from the Office of Workers' Compensation Programs (OWCP), the designation must be received by the Office of Personnel Management (OPM) prior to your death.
- 4. A witness to a designation of beneficiary is ineligible to receive payment as a beneficiary.
- The person(s) named will be considered a beneficiary (beneficiaries) for both CSRS and FERS lump-sum benefits.
- You cannot change or cancel a designation of beneficiary in a last will or testament unless it is signed, witnessed, and filed as described in paragraph 3.

7. A designation of beneficiary remains in effect until (1) you cancel it by filing a new designation, or (2) you receive a refund of your retirement deductions before retirement. To inform us if the name or address of a beneficiary changes, file a new designation of beneficiary. It may be important to file a new designation if your family situation changes.

#### **Completing the Designation Form**

- The examples printed on the back of the first page of this form may be helpful to you in naming a beneficiary or canceling a prior designation of beneficiary.
- If you designate more than one beneficiary, be sure that the shares to be paid to them add up to 100 percent. Do not use dollar amounts to indicate the shares.
- 3. If you wish to designate more than four persons in Part B, use a blank sheet of paper which you will attach to the form. Print your name and date of birth at the top of the attachment and provide the information required in Part B for each beneficiary. Your signatures on the form and on the attachment must be witnessed by the same two people. The witnesses must sign both the form and the attachment.
- Complete the form in duplicate. Type or print all entries except signatures. Do not use pencil.
- 5. Do not erase or alter entries.

#### Where to Submit the Completed Form

For employees: File this form with your employing agency, even if you are retiring.

For separated employees, retirees and individuals receiving recurring benefits from the Office of Workers' Compensation Programs (OWCP): If you have left Federal employment, if you are receiving recurring benefits from the Office of Workers' Compensation Programs, or if you have retired, file this form with the Office of Personnel Management, Retirement Operations Center, Federal Employees Retirement System, P.O. Box 45, Boyers, PA 16017-0045.

Your designation will not be effective until the date it is received by your employing agency (or OPM if you are not employed).

The employee copy of this form will be noted and returned to you as evidence that the original has been received and filed. Please keep the duplicate in a safe place along with your other important papers.

For the employing agency: File the Official Personnel Folder (OPF) copy on the right side of the OPF. If the employee leaves Federal service, send all FERS designations in the OPF to OPM.

#### Privacy Act and Public Burden Statements

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code) and the Federal Employees Retirement law (Chapter 84, title 5, U.S. Code). The information you furnish will be used to determine who will receive a lump sum benefit in the event of your death. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination of benefits under their program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law.

Executive Order 9397 (November 22, 1943), authorizes the use of the Social Security Number. Failure to furnish the requested data may delay or make it impossible for us to determine how to make payment in the event of your death.

We estimate providing this information takes an average of 15 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of SF 3102, including suggestions for reducing completion time, to the U.S. Office of Personnel Management (OPM), Retirement Services Publications Team (3206-0173), Washington, D.C. 20415-3430. The OMB number, 3206-0173 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP).

Before completing this form, please read the *Summary of the Thrift Savings Plan* and the instructions on the back of this form. Type or print all information. **Return the completed form to your agency personnel or benefits office.** Your agency should return a copy to you after completing Section V.

Note: To choose your investment funds, see the instructions in the General Information section on the back of this form.

| I.<br>INFORMATION<br>ABOUT YOU                       | 1. Name (Last)   | (Fi  | rst)                |                           |                 |                            | (Middle)                                |
|--|--|--|---------------------|---------------------------|-----------------|----------------------------|---|
|  | 2. Street Address  | Cil  | iy                  |                           | S               | tate                       | Zip Code                                |
|  | Social Security Number   Office Identification (Agency and Organical Security Number)  | anization)   | (                   | ) _<br>ne Phone <i>(A</i> | Area Co         | –<br>ode and Numb          | oer)                                    |
| II. CHOOSE THE AMOUNT OF YOUR                        | To start or change the amount of traceither a whole percentage of your boof contribution you elect. (You may cother type of contribution.) Remember 1  | asic pay per pay period <b>or</b><br>choose a percentage for one                               | a whol<br>e type    | le dollar a<br>of contrib | mour<br>ution   | t per pay p<br>and a dolla | eriod for each type<br>r amount for the |
| CONTRIBUTIONS  | 6. Traditional (Pre-Tax) Contribution  | ons  | .0%                 | OR                        | 7.              | \$                         | .00                                     |
| Your choice will cancel all previous elections.      | 8. Roth (After-Tax) Contributions  |  | 0%                  | OR                        | 9.              | \$                         | .00                                     |
| III.<br>STOP SOME OR<br>ALL OF YOUR<br>CONTRIBUTIONS | To stop all or just one type of your consection IV. Your payroll contributions office receives this form. (If you are contributions, your Agency Matching continue. Read the instructions on the continue. | s will stop no later than the f<br>a Federal Employees Retire<br>g Contributions will stop, bu | irst full<br>ment S | pay peric<br>System [Fl   | od afte<br>ERS] | er your age<br>employee a  | ncy employing<br>and you stop your      |
|  | 10.   I choose not to save for my  | retirement. Please stop all  | my pa               | yroll contr               | ibutio          | ns to my TS                | SP account.                             |
|  | Stop only my traditional (pre-tax) payroll contributions to my TSP account.  |  |                     |                           |                 |                            |   |
|  | Stop only my Roth (after-tax) payroll contributions to my TSP account.   |  |                     |                           |                 |                            |   |
|  | If you are a newly hired (or rehired) of fore they start if you submit this form   |  |                     |                           |                 |                            |   |
| IV.<br>SIGNATURE                                     | <b>11.</b> Participant's Signature   |  |                     |                           | 12.<br>Ē        | date Signed (n             | nm/dd/yyyy)                             |
| V.<br>FOR<br>EMPLOYING<br>OFFICE USE                 | 13. Payroll Office Number  | _ <b>14.</b> _ / / / Receipt Date (mm/dd/  | уууу)               |                           | 15.<br>E        | ffective Date              | <br>(mm/dd/yyyy)                        |
| ONLY   | 16. Signature of Agency Official   |  |                     |                           |                 |                            |   |

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees Retirement System. Your agency or service will use this information to identify your TSP account and to start, change, or stop your TSP contributions. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. The information may also be shared with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order.

It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. Relevant portions of the information may also be disclosed to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, your agency or service will not be able to process your request.

#### TSP-1, INFORMATION AND INSTRUCTIONS

# GENERAL INFORMATION

You may start, stop, or change your contributions at any time. Your TSP election will stay in effect until you submit another election or until you leave Federal service. (This form only applies to regular contributions. If you are age 50 or older and want to make or change catch-up contributions, use Form TSP-1-C, Catch-Up Contribution Election.)

Important note for new TSP participants: All contributions to your account will be invested in the Lifecycle (L) Fund targeted most closely to the year you turn 62 unless you direct the TSP to allocate your contributions differently. The TSP publication *Summary of the Thrift Savings Plan* describes all of your investment choices and discusses their risks and advantages. For more information, you can also obtain a copy of the TSP Fund Information sheets. (The most current versions of TSP forms and publications are available on the TSP website at tsp.gov.)

**To choose your investment fund(s),** use the TSP website (tsp.gov) or the ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778; outside the U.S. and Canada, call 404-233-4400). On the TSP website, you will need your TSP account number (or user ID) and Web password. If you use the ThriftLine, you will need your TSP account number and ThriftLine Personal Identification Number (PIN). If you are a new participant, your TSP account number, ThriftLine PIN, and Web password will be mailed to you (separately) after your account has been established.

If you change your address, notify your agency immediately to correct your records for your TSP account.

#### **SECTION I**

Complete all items in this section.

#### **SECTION II**

Your choice will cancel all previous elections.

#### Example

Previous Election:

Traditional 5% Roth 2%

New Election:

Traditional 5% Roth 10% Complete this section to start your TSP contributions or to change the amount and type of contributions. Because whatever you enter in this section will cancel all previous elections, be sure to indicate exactly what percentages/ amounts you want to contribute, even if part of your election has not changed (see the example in the margin). You can elect to make traditional (pre-tax) and Roth (after-tax) contributions simultaneously. **Traditional contributions** come out of your pay **before** income taxes are calculated; you pay income taxes on these contributions and their earnings when you withdraw them. **Roth contributions** are made from your pay **after** taxes, and the earnings grow in your account tax-deferred. Withdrawals of Roth contributions are tax-free. The earnings associated with Roth contributions are also tax-free, but only if 5 years have passed since January 1 of the calendar year in which you made your first Roth contribution, **and** you have reached age 59½, have a permanent disability, or have died. **Note for FERS:** All agency contributions to your account are tax-deferred, even if they are matching your Roth contributions.

Complete **either** Item 6 **or** Item 7 (not both) for traditional (pre-tax) contributions; **either** Item 8 **or** Item 9 (not both) for Roth contributions. You may choose a percentage of basic pay for one type of contribution and a dollar amount (as little as \$1) for the other type of contribution.

If you choose a percentage of basic pay, your contribution amount will automatically increase when you receive a pay raise.

If you choose a dollar amount per pay period, your contribution amount will not increase when you receive a pay raise; you must submit a new Form TSP-1 to change the amount.

**Contribution limit.** The **total** of your traditional and Roth contributions cannot exceed the Internal Revenue Code (IRC) annual elective deferral limit, which may change each year. For the current limit, visit "Contribution Limits" at tsp.gov.

#### **SECTION III**

Complete Item 10 to stop all or just one type of your contributions. You may restart your contributions at any time.

**FERS employees:** Your Agency Automatic (1%) Contributions will continue after you stop your employee contributions, but you will no longer receive valuable Agency Matching Contributions. (If you restart your contributions, the matching contributions will resume.)

Note for newly hired or rehired FERS or CSRS employees: Your agency automatically deducts 3% of your pay, tax-deferred, and deposits the money in your TSP account for your retirement savings. If you want all or any portion of your automatic contributions to be after-tax Roth contributions, you must complete Section II and indicate what percentages or amounts you want as traditional (pre-tax) and Roth (after-tax) contributions. You can stop your automatic employee contributions before they start if you submit this form to your agency at the start of your first full pay period, subject to your agency's processing deadlines. If your agency has already begun to deduct your automatic employee contributions from your pay each pay period, you are entitled to request a refund of your initial contributions by submitting Form TSP-25, Automatic Enrollment Refund Request. The TSP must receive Form TSP-25 within 90 days of your first contribution.

#### **SECTION IV**

You must complete this section.

#### **SECTION V**

(To be completed by personnel or benefits office) The Receipt Date (Item 14) is the date that a **properly completed** form is received by the agency personnel office. If the form has not been properly completed, it should be returned to the employee.

Requests must be processed immediately for new and rehired employees who want to stop automatic enrollment before it begins. This will help avoid a payroll deduction that may have to be refunded. The Effective Date (Item 15) must be no later than the first full pay period after receipt of a properly completed form.

You should provide the participant with a copy of this completed election form.



# Form TSP-3 Designation of Beneficiary

May 2017

### For federal civilian employees, members of the uniformed services, and beneficiary participants

If you would like your TSP account to be distributed according to the statutory order of precedence, do not complete this form. (See the first page of the instructions for an explanation of the order of precedence.)

Use this form to designate a beneficiary or beneficiaries to receive your Thrift Savings Plan (TSP) account after your death. This Designation of Beneficiary form will stay in effect until you submit another valid Form TSP-3 naming other beneficiaries or canceling all prior designations. The beneficiary designation(s) you provide on this form will automatically cancel all previous designations you submitted. Complete this form in accordance with the instructions. **Do not cross out, erase, or otherwise change any information you provide on this form.** Make a copy of this form for your records and send the original to the TSP. **If you are an active employee or service member,** do not give this form to your agency or service.

Mail the original to: Thrift Savings Plan

P.O. Box 385021

Birmingham, AL 35238

Or fax to: 1-866-817-5023

If you have questions, call the toll-free ThriftLine at 1-877-968-3778 or the TDD at 1-877-847-4385. Outside the U.S. and Canada, please call 404-233-4400 (not toll free).

You will receive a confirmation of your designation once your form is processed.

## Check to make sure of the following:

- ✓ You provide your name and account number on each page that you submit to the TSP.
- ✓ You print legibly.
- You sign all pages you complete (including any extra pages you add) on the **same** date.
- You have the **same witness** sign and date all pages—including any extra pages—after you sign and date the form. The witness cannot be named as a beneficiary.
- ✓ You do not alter this form or any information you provide on it.
- ✓ Your primary beneficiaries' shares add up to 100%.
- If you name contingent beneficiaries, you name a primary beneficiary for each contingent beneficiary.
- ✓ The shares of contingent beneficiaries (if any) total 100% for each primary beneficiary.
- ✓ You do not submit your will or direct us to make a designation according to your will.
- ✓ You address this form to:

Thrift Savings Plan P.O. Box 385021 Birmingham, AL 35238



# TSP-3

|            | DADTICIDANT INCODMATION  | TI: 1: 1   |   |
|------------|--|--|---|
| 1.         | PARTICIPANT INFORMATION-   | This applies to my: Civilian Unifor  | med Services Beneficiary Participant Account  |
|            |  |  |   |
|            | Last Name  | First Name   | Middle Name   |
|            | TSP Account Number   | Date of Birth (mm/dd/yyyy)   | Daytime Phone (Area Code and Number)  |
|            |  |  | Foreign address?  |
|            | Street Address or Box Number   |  | Check here.   |
|            |  |  |   |
|            | Street Address Line 2  |  |   |
|            |  |  |   |
| *********  | City   | State  | Zip Code  |
| II.        |  |  | reficiaries, check the box below. In the event of your  |
|            |  | •  | re set by the United States Code (5 U.S.C. § 8424(d)).  |
| 0000000    |  | or beneficiary designations without naming nev   | v beneficiaries. (Also complete Section IV.)  |
| <b>II.</b> | PRIMARY BENEFICIARY DES  |  | egal Entity/Corporation Share: %  |
|            | Relationship to you: Spouse  | Other Individual Trust Estate L  | egal Entity/Corporation Share:%   |
|            |  |  |   |
|            | Name of Individual (Last, First, Middle)/Trust/Est   | ate/Legal Entity or Corporation  | SSN/EIN/Tax ID  |
|            | Name of Trustee/Executor (if applicable)   |  | Data of Blats (see (d) (see )   |
|            |  |  | Date of Birth <i>(mm/dd/yyyy)</i> Foreign address?  |
|            | Address:   |  | Check here.   |
|            |  |  |   |
|            | Relationship to you: Spouse  | Other Individual Trust Estate Le   | egal Entity/Corporation Share:   %  |
|            | Relationship to you: Spouse [  | Other Individual Trust Estate L  | egal Entity/Corporation <b>Share:</b>   |
|            |  |  | egal Entity/Corporation Share:%  SSN/EIN/Tax ID   |
|            | Relationship to you: Spouse  Name of Individual (Last, First, Middle)/Trust/Est  |  |   |
|            |  |  |   |
|            | Name of Individual (Last, First, Middle)/Trust/Est   |  | SSN/EIN/Tax ID  Date of Birth (mm/dd/yyyy)  Foreign address?  |
|            | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)   |  | SSN/EIN/Tax ID  Date of Birth (mm/dd/yyyy)  |
|            | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)   | ate/Legal Entity or Corporation  | SSN/EIN/Tax ID  Date of Birth (mm/dd/yyyy)  Foreign address?  |
|            | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:   | ate/Legal Entity or Corporation  | SSN/EIN/Tax ID  Date of Birth (mm/dd/yyyy)  Foreign address? Check here.  |
|            | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:   | ate/Legal Entity or Corporation  Other Individual Trust Estate Lo  | SSN/EIN/Tax ID  Date of Birth (mm/dd/yyyy)  Foreign address? Check here.  |
| ı          | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  Relationship to you: Spouse  | ate/Legal Entity or Corporation  Other Individual Trust Estate Lo  | SSN/EIN/Tax ID  Date of Birth [mm/dd/yyyy]  Foreign address? Check here.  egal Entity/Corporation  Share:  %  |
|            | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  Relationship to you: Spouse  | ate/Legal Entity or Corporation  Other Individual Trust Estate Lo  | SSN/EIN/Tax ID  Date of Birth (mm/dd/yyyy)  Foreign address? Check here.   ### SSN/EIN/Tax ID  Date of Birth (mm/dd/yyyy)   |
|            | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  Relationship to you: Spouse  Name of Individual (Last, First, Middle)/Trust/Est  | ate/Legal Entity or Corporation  Other Individual Trust Estate Logate/Legal Entity or Corporation  | SSN/EIN/Tax ID  Date of Birth (mm/dd/yyyy)  Foreign address? Check here.   ### SSN/EIN/Tax ID  SSN/EIN/Tax ID  SSN/EIN/Tax ID   |
|            | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  Relationship to you: Spouse  Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  | ate/Legal Entity or Corporation  Other Individual Trust Estate Lo  | SSN/EIN/Tax ID  Date of Birth [mm/dd/yyyy]  Egal Entity/Corporation  Share:  SSN/EIN/Tax ID  Date of Birth [mm/dd/yyyy]  Foreign address?  Check here.  |
|            | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  Relationship to you: Spouse  Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  SIGNATURES—This entire form is must be age 21 or older and cannot be  | ate/Legal Entity or Corporation  Other Individual Trust Estate Legal Entity or Corporation  ate/Legal Entity or Corporation  ate/Legal Entity or Corporation  availd <b>only if</b> all pages are signed, dated, and the peaprimary or contingent beneficiary of any portion and primary or contingent beneficiary of any portion and the peaprimary or continued by the | SSN/EIN/Tax ID  Date of Birth   mm/dd/yyyy   Foreign address? Check here.  Pagal Entity/Corporation  Share:  Date of Birth   mm/dd/yyyy   Foreign address? Check here.  Per witnessed by the same person. The witness prition of this TSP account. By signing below, the  |
|            | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  Relationship to you: Spouse  Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  SIGNATURES—This entire form is must be age 21 or older and cannot be  | ate/Legal Entity or Corporation  Other Individual Trust Estate Legal Entity or Corporation  ate/Legal Entity or Corporation  ate/Legal Entity or Corporation  availd <b>only if</b> all pages are signed, dated, and the peaprimary or contingent beneficiary of any portion and primary or contingent beneficiary of any portion and the peaprimary or continued by the | SSN/EIN/Tax ID  Date of Birth (mm/dd/yyyy)  Foreign address? Check here.  Pegal Entity/Corporation  Share:  One of Birth (mm/dd/yyyy)  Date of Birth (mm/dd/yyyy)  Foreign address? Check here.  SSN/EIN/Tax ID  Date of Birth (mm/dd/yyyy)  Foreign address? Check here.  Pen witnessed by the same person. The witness ortion of this TSP account. By signing below, the need the witness that he or she signed it earlier.   |
|            | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  Relationship to you: Spouse  Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  SIGNATURES—This entire form is must be age 21 or older and cannot be  | ate/Legal Entity or Corporation  Other Individual Trust Estate Legal Entity or Corporation  ate/Legal Entity or Corporation  ate/Legal Entity or Corporation  availd <b>only if</b> all pages are signed, dated, and the peaprimary or contingent beneficiary of any portion and primary or contingent beneficiary of any portion and the peaprimary or continued by the | SSN/EIN/Tax ID  Date of Birth   mm/dd/yyyy   Foreign address? Check here.  Pagal Entity/Corporation  Share:  Date of Birth   mm/dd/yyyy   Foreign address? Check here.  Per witnessed by the same person. The witness prition of this TSP account. By signing below, the  |
|            | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  Relationship to you: Spouse  Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  SIGNATURES—This entire form is must be age 21 or older and cannot be  | ate/Legal Entity or Corporation  Other Individual Trust Estate Legal Entity or Corporation  ate/Legal Entity or Corporation  ate/Legal Entity or Corporation  availd <b>only if</b> all pages are signed, dated, and the peaprimary or contingent beneficiary of any portion and primary or contingent beneficiary of any portion and the peaprimary or continued by the | SSN/EIN/Tax ID  Date of Birth   mm/dd/yyyy   Foreign address? Check here.  Pagal Entity/Corporation Share: %  SSN/EIN/Tax ID  Date of Birth   mm/dd/yyyy   Foreign address? Check here.  SSN/EIN/Tax ID  Date of Birth   mm/dd/yyyy   Foreign address? Check here.  The witnessed by the same person. The witness ortion of this TSP account. By signing below, the need the witness that he or she signed it earlier.  Check here and go to Page 2 if naming   |
|            | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  Relationship to you: Spouse  Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  SIGNATURES—This entire form is must be age 21 or older and cannot be witness affirms that the participant elements. | ate/Legal Entity or Corporation  Other Individual Trust Estate Legal Entity or Corporation  ate/Legal Entity or Corporation  valid <b>only if</b> all pages are signed, dated, and the a primary or contingent beneficiary of any pother signed in the witness's presence or inform  | SSN/EIN/Tax ID  Date of Birth   //   //   //   //    Poreign address? Check here.  Begal Entity/Corporation   Share:   %  SSN/EIN/Tax ID   //   //   //    Date of Birth   //   //   //   //    Date of Birth   //   //   //   //    Foreign address? Check here.  SSN/EIN/Tax ID   //   //   //    Foreign address? Check here.  The witnessed by the same person. The witness ortion of this TSP account. By signing below, the need the witness that he or she signed it earlier.  Check here and go to Page 2 if naming |
| F          | Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  Relationship to you: Spouse  Name of Individual (Last, First, Middle)/Trust/Est  Name of Trustee/Executor (if applicable)  Address:  SIGNATURES—This entire form is must be age 21 or older and cannot be witness affirms that the participant elements. | ate/Legal Entity or Corporation  Other Individual Trust Estate Legal Entity or Corporation  ate/Legal Entity or Corporation  valid <b>only if</b> all pages are signed, dated, and the a primary or contingent beneficiary of any pother signed in the witness's presence or inform  | SSN/EIN/Tax ID  Date of Birth   //   //   //   //    Poreign address? Check here.  Begal Entity/Corporation   Share:   %  SSN/EIN/Tax ID   //   //   //    Date of Birth   //   //   //   //    Date of Birth   //   //   //   //    Foreign address? Check here.  SSN/EIN/Tax ID   //   //   //    Foreign address? Check here.  The witnessed by the same person. The witness ortion of this TSP account. By signing below, the need the witness that he or she signed it earlier.  Check here and go to Page 2 if naming |

### FORM TSP-3, INFORMATION AND INSTRUCTIONS FOR PAGES 1 AND 2

This form stays in effect until you submit another valid Form TSP-3 naming other beneficiaries or canceling all prior designations. It does not affect the disposition of any other benefits you may have such as a FERS Basic Annuity, a CSRS annuity, or military retired pay.

Complete this form only if you want payment to be made in a way other than the following statutory **order of precedence:** 

- 1. To your spouse
- 2. If none, to your child or children equally, with the share due any deceased child divided equally among that child's descendants
- 3. If none, to your parents equally or to your surviving parent
- **4.** If none, to the appointed executor or administrator of your estate
- If none, to your next of kin who is entitled to your estate under the laws of the state in which you resided at the time of your death

As used here, "child" means either a biological child or a child adopted by the participant. It does not include your stepchild or foster child unless you have adopted the child. Nor does it include your biological child if that child has been adopted by someone other than your spouse.

"Parents" does not include stepparents who have not adopted you.

Making a valid designation. To name specific beneficiaries to receive your TSP account after you die, you must complete this form, and it must be received by the TSP on or before the date of your death. Only a Form TSP-3 is valid for designating beneficiaries to your TSP account(s); a will or court order (e.g., divorce decree) is not valid for the disposition of a TSP account. You may, however, designate your estate or a trust as a beneficiary on Form TSP-3.

You are responsible for ensuring that **each page** of your Form TSP-3 is properly completed, signed, and witnessed. Do not submit an altered form; it may be deemed invalid. If you need to correct or change the information you have entered on the form, start over on a new form.

**Changing or canceling your designation of beneficiary.** To cancel a Form TSP-3 already on file, follow the instructions for Section II.

Keep your designation (and your beneficiaries' addresses) current. It is a good idea to review how you have designated your beneficiaries from time to time—particularly when your life situation changes (e.g., through marriage, divorce, the birth or adoption of a child, or the death of a beneficiary).

By law, the TSP must pay your properly designated beneficiary under **all** circumstances. For example, if you designate your spouse as a beneficiary of your TSP account, that spouse will be entitled to death benefits, even if you are separated or divorced from that spouse and have remarried. This is true even if the spouse you designated gave up all rights to your TSP account(s). Consequently, if your life situation changes, you may want to file a new Form TSP-3 that changes or cancels your current beneficiary designation.

Unless you designate a contingent beneficiary, the share of any primary beneficiary who dies before you do will be distributed proportionally among the surviving designated TSP beneficiaries. If none of your designated beneficiaries are alive at the time of your death, the statutory order of precedence will be followed.

**SECTION I—Participant Information.** For this and all sections of this form, carefully type or print the requested information **inside** the boxes, where provided, using black or dark blue ink. For beneficiary addresses print or type legibly in the spaces provided.

### **EXAMPLES**



Check the box that indicates whether you intend your beneficiary(ies) to receive funds from your civilian, uniformed services, or beneficiary participant account (i.e., an account inherited by the spouse of a deceased TSP participant). If you have a civilian and a uniformed services account and want to designate the same beneficiaries and shares for both accounts, check both boxes. To designate different beneficiaries for each account, you must submit two forms. If you have a civilian and/or uniformed services account in addition to a beneficiary participant account, you will need to complete an additional Form TSP-3 to designate beneficiaries for your beneficiary participant account. If you have more than one beneficiary participant account, you will need to complete a separate TSP-3 form for each beneficiary participant account since every beneficiary participant account has its own account number. Note: To avoid the possibility of having your form rejected, be sure to provide the correct account number (civilian, uniformed services, or beneficiary participant) and check the correct box(es) that corresponds to the account for which you want to designate beneficiaries.

If you have a foreign address, check the box to indicate this.

**SECTION II—Cancellation.** To **cancel** a Form TSP-3 already on file **without naming new beneficiaries**, check the box in this section, sign and date the form, and have it witnessed. If you check this box, your account will be paid according to the order of precedence described earlier. **Do not complete this section if you intend to name new beneficiaries in Section III. Your new designation(s) will automatically cancel any previous designation(s) on file with the TSP.** 

| Name:  | ,                                       | TSP Account Number:             |  | -                |
|--|---|---------------------------------|--|------------------|
|  |   |                                 |  |                  |
| (Last, First, Middle)  |   |                                 |  |                  |
| DDITIONAL <b>PRIMARY</b> BENEFICIARY DESIG   |   |                                 |  |                  |
| lake a copy of this blank page to designate additi                                 | ional primary beneficia                 | ries.                           |  |                  |
| Relationship to you: Spouse Other Individual                                       | TrustEstate                             | Legal Entity/Corporation        | Share:   | %                |
|  |   |                                 |  |                  |
| ame of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corp          | poration                                | SSN/EIN/Tax ID                  |  |                  |
| ame of Trustee/Executor (if applicable)  |   | Date of Birt                    | h (mm/dd/yyyy)   |                  |
| ddress:  |   | Sate of Birt                    | Foreign addre  | ess?             |
|  |   |                                 |  | T 7              |
| elationship to you: Spouse Other Individual  | TrustEstate                             | Legal Entity/Corporation        | Share:   | <u></u> %        |
| ame of Individual ( <i>Last, First, Middle</i> )/Trust/Estate/Legal Entity or Corp | noration                                | SSN/EIN/Tax ID                  |  |                  |
| mile of marvioual (Last, First, Minute)) Husb Estate/Legal Entity of Corp          | poración                                | SSIVEIN IAX ID                  |  |                  |
| ame of Trustee/Executor (if applicable)  |   | Date of Birt                    | h (mm/dd/yyyy)   |                  |
| ddress:  |   |                                 | Foreign addre<br>Check here.   | ess?             |
| elationship to you: Spouse Other Individual  | TrustEstate                             | Legal Entity/Corporation        | Share:   | %                |
|  |   | Treader Futitive Cor bot attout | Jildi C.   | ⊥' <b>″</b><br>∏ |
| ame of Individual <i>(Last, First, Middle)</i> /Trust/Estate/Legal Entity or Corp  | poration                                | SSN/EIN/Tax ID                  |  |                  |
|  |   | <u> </u>                        |  |                  |
| ame of Trustee/Executor (if applicable)  |   | Date of Birt                    | h (mm/dd/yyyy)  Foreign addre  | 2557             |
| ddress:  |   |                                 | Check here.  |                  |
| elationship to you: Spouse Other Individual  | TrustEstate                             | Legal Entity/Corporation        | Share:   | %                |
|  |   |                                 |  |                  |
| ame of Individual ( <i>Last, First, Middle</i> )/Trust/Estate/Legal Entity or Corp | poration                                | SSN/EIN/Tax ID                  |  |                  |
| ame of Trustee/Executor (if applicable)  |   | Date of Birt                    | h (mm/dd/yyyy)   |                  |
| ddress:  |   |                                 | Foreign addre  | ess?             |
|  | *************************************** |                                 | Check here.  |                  |
| elationship to you: Spouse Other Individual  | TrustEstate                             | Legal Entity/Corporation        | Share:   | %                |
|  |   | SOL/FILE                        |  |                  |
| ame of Individual <i>(Last, First, Middle)</i> /Trust/Estate/Legal Entity or Corp  | poration                                | SSN/EIN/Tax ID                  |  | T                |
| ame of Trustee/Executor (if applicable)  |   | Date of Birt                    | h (mm/dd/yyyy)   |                  |
| ddress:  |   |                                 | Foreign addre<br>Check here.   | ess?             |
|  |   |                                 |  |                  |
| anticion aut Civa atura  |   | prii                            | eck here if naming mental ment | See              |
| articipant Signature   | Date Signed (mm/dd/yyyy)                |                                 | tructions for submitti<br>litional pages.)   | ing              |
| itness Signature   | Date Signed (mm/dd/yyyy)                |                                 |  |                  |
|  |   |                                 |  |                  |

### FORM TSP-3, INFORMATION AND INSTRUCTIONS FOR PAGES 1 AND 2 (continued)

**SECTION III—Primary Beneficiary Designations.** You may name any person, a trust, your estate, or a legal entity/corporation as a beneficiary. **Note:** If the beneficiary is a minor child, benefits will be made payable directly to the child. To designate a custodian for your minor child, you may want to consider using a Uniformed Transfer to Minors Act (UTMA) form. Contact the ThriftLine for additional information about this form.

Enter the share for each beneficiary as a whole percentage. Percentages for the primary beneficiaries **must total 100%. Do not** use fractions or decimals.

#### To name a **primary** beneficiary:

- Check the box that indicates the beneficiary's relationship to you.
- For each individual you designate, enter the full name, share, address, and date of birth or Social Security number (SSN) or other tax ID (such as an Employer Identification Number [EIN]).
- If the beneficiary is a trust, check the box marked "Trust."
   Enter the name of the trust and the trustee's name and
   address in the spaces indicated. Enter the EIN, if available.
   Leave the date of birth boxes blank. Note: Filling out this form
   will not create a trust; you must have a trust that is already
   established.

- If the beneficiary is your estate, check the box marked "Estate." Enter the name of the estate and the executor's name and address in the spaces indicated. Enter the EIN, if available. Leave the date of birth boxes blank.
- If the beneficiary is a legal entity or corporation, check the box marked "Legal Entity/Corporation." Enter the name of the entity in the boxes indicated. Enter the legal representative's name in the boxes marked "Trustee/Executor," and provide the legal representative's address. Enter the EIN, if known. Leave the date of birth boxes blank.

If you are naming more than 3 primary beneficiaries, use Page 2 of this form. Use photocopies of a blank Page 2 if you are naming more than that page allows. Enter your name and TSP account number on the top of each page, and follow the instructions for completing Section III. You must sign and date all additional pages. The same witness who signed Page 1 must also sign and date all pages that you submit to the TSP.

If you want to designate contingent beneficiaries, complete Section V on Page 3.

**EXAMPLES.** Below are examples of how to designate primary beneficiaries.

### **EXAMPLES OF DESIGNATING PRIMARY BENEFICIARIES**

#### **DESIGNATING MULTIPLE PRIMARY BENEFICIARIES DESIGNATING A TRUST** Relationship to you: Spouse Other Individual Trust Estate Legal Entity/Corporation Share: 1 0 0 % Relationship to you: Spouse Other Individual Trust Estate Legal Entity/Corporation Share: 333% JOHN P MAINO TRUST Name of Individual Liast, Frist, Middlel/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tox ID Trustee/Executor (if applicable) ERIC P MANO June of Translation (Francis No.) Address: 1066 CHURCHILL LANE, TUCSON, AZ 85735-3003 Address: 1111 DELAWARE LANE, NEW YORK, NY 14607-8295 **DESIGNATING AN ESTATE** Relationship to you: ☐ Spouse ☐ Other Individual ☐ Trust ☐ Estate ☐ Legal Entity/Corporation ☐ Share: 1 0 0 % Relationship to you: Spouse Other Individual Trust Estate Degal Entity/Corporation Share: POINTER MARY JANE 915 99 2135 Name of Individual (Last, First, Middel) (Trust Estate) Legal Entity or Corporation SSN/EIN/Tax 10 10/11/1960 Name of Trustes/Esecutor (if applicable) Date of Birth, Imm/dai/yyyy ESTATE OF RUTH R JONES MARLA MCCOY Address: 21 NORTH LAKEWOOD DRIVE, NEW ORLEANS, LA 70124-1920 Address: 150 ROSSMOYNE DRIVE, ALAMEDA, CA 94510-7481 **DESIGNATING A LEGAL ENTITY/CORPORATION** Relationship to you: Spouse Other Individual Trust Estate Legal Entity/Corporation Relationship to you: Spouse Other Individual Trust Estate Legal Entity/Corporation JOHNSON CHRISTOPHER ANDREW 902 37 6633 THE XYZ FOUNDATION 7,9 9,9 9,9 9,9 9 Name of Trustee/Executor | If applicable| Sile of Birth (min/dd/syyy) ELEANOR JARVIS J Address: 1506 ARBOR ROAD, MIRAMAR, FL 33028-1234 Address: 64730 CONNECTICUT AVENUE, SUITE 240A, BETHESDA, MD 20815-0637

**SECTION IV—Signatures.** Sign and date the form on all pages on the **same date.** Do not ask an individual you name as a beneficiary of your TSP account to witness your Form TSP-3. A person named as a primary or contingent beneficiary of your TSP account who is also your witness **cannot** receive a share of the account. The witness must be age 21 or older.

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees Retirement System. We will use this information to identify your TSP account and to process your request. In addition, this information may be shared with other federal agencies for statistical, auditing, or archiving purposes. We may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule,

or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may disclose relevant portions of the information to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.

|           | Name:   | TSP Account Number:  |
|-----------|---|--|
|           | (Last, First, Middle)   |  |
| ٧.        | CONTINGENT BENEFICIARY DESIGNATION  | <b>IS</b> —Each contingent beneficiary must be linked to a primary beneficiary. You iary. Make a copy of this blank page to designate additional contingent beneficiaries. |
|           | Relationship to you: Spouse Other Individual                                  | Trust Estate Legal Entity/Corporation Share: \%  |
|           |   |  |
|           | Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corpor  | stion SSN/EIN/Tax ID   |
|           | Name of Trustee/Executor (if applicable)                                      | Date of Birth (mm/dd/yyyy)   |
|           | Address: Contingent to which primary beneficiary?                             | Foreign address? Check here.   |
|           | Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation           | SSN/EIN/Tax ID or Date of Birth  |
|           | Relationship to you: Spouse Other Individual                                  | Trust Estate Legal Entity/Corporation Share: %   |
|           | Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corpor. | stion SSN/EIN/Tax ID   |
|           |   |  |
|           | Name of Trustee/Executor (if applicable)  Address:                            | Date of Birth (mm/dd/yyyy) Foreign address?  |
|           | Contingent to which primary beneficiary?                                      | — L— Check here.   |
|           | Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation           | SSN/EIN/Tax ID or Date of Birth  |
|           | Relationship to you: Spouse Other Individual                                  | Trust Estate Legal Entity/Corporation Share: %   |
|           |   |  |
|           | Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corpor  | stion SSN/EIN/Tax ID   |
|           | Name of Trustee/Executor (if applicable)                                      | Date of Birth (mm/dd/yyyy)   |
|           | Address: Contingent to which primary beneficiary?                             | Foreign address? Check here.   |
|           | Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation           | SSN/EIN/Tax ID or Date of Birth  |
|           | Relationship to you: Spouse Other Individual                                  | Trust Estate Legal Entity/Corporation Share: %   |
|           | Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corpor  | stion SSN/EIN/Tax ID   |
|           | Name of Trustee/Executor (if applicable)                                      | Date of Birth (mm/dd/yyyy)   |
|           | Address:  | Foreign address? Check here.   |
|           | Contingent to which primary beneficiary?                                      |  |
| 100000000 | Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation           | SSN/EIN/Tax ID or Date of Birth  Check here if naming more   |
|           | Participant Signature   | Date Signed (mm/dd/yyyy)  Date Signed (mm/dd/yyyy)  additional pages.)   |
|           | Witness Signature   | L  |

#### FORM TSP-3, INFORMATION AND INSTRUCTIONS FOR PAGE 3

**SECTION V—Contingent Beneficiary Designations.** Do not complete this page if you are **not** naming contingent beneficiaries. You may designate one or more contingent beneficiaries for each primary beneficiary you name. **The contingent beneficiarylies) you name will receive the portion of the TSP account that you designated for a specific primary beneficiary who dies before you do.** 

Example: Joe Brown is one of your two primary beneficiaries, and his share is 30% of your account. If you designate Mary Brown and Sue Brown (Joe's daughters) as his contingent beneficiaries, and each is to get 50%, each would get 50% of Joe's portion. Since Joe's share is 30% of your account, each will get 15% of your account. (You cannot designate contingent beneficiaries for contingent beneficiaries. In this case, you cannot designate contingent beneficiaries for Mary or Sue Brown.) For another example of this situation, see Example 2 below.

Check the box that indicates the contingent beneficiary's relationship to you. If you are only naming one contingent beneficiary for a primary beneficiary, the share for that contingent beneficiary must be 100%. If you name more than one contingent beneficiary for a primary beneficiary, the combined share values for those contingent beneficiaries must equal 100%.

Provide the identifying information for contingent beneficiaries according to the instructions for designating primary beneficiaries

in Section III. For each contingent beneficiary you designate, enter the full name, share, address, and Social Security number (SSN) or other tax ID (such as Employer Identification Number [EIN]). If you do not have all the requested information, you must provide at least the contingent beneficiary's name and share. You must also provide the primary beneficiary's name and tax ID information (e.g., SSN or EIN, if available) or date of birth.

If you want to name the same contingent beneficiary for multiple primary beneficiaries, list your contingent beneficiary multiple times in order to link it to each primary beneficiary.

If you are naming more contingent beneficiaries than will fit on one page, photocopy a blank Page 3 of this form. Enter your name and TSP account number on the top of each page and follow the instructions for completing Section V. You must sign and date all additional pages. The same witness who signed Page 1 must also sign and date all pages that you submit to the TSP.

**Note:** If a named beneficiary dies, you may prefer to submit another Form TSP-3 to change your designation(s).

**EXAMPLES.** Below are examples of how to designate contingent beneficiaries.

#### **EXAMPLES OF DESIGNATING CONTINGENT BENEFICIARIES**

#### 

In the above example, if the primary beneficiary, Ashley Danielle Greenwood, dies before you do, Taylor Grace Greenwood would receive 100% of her share when you die. Thus, if Ashley's share is 33% of your account, Taylor would receive that 33% share.

| Relationship to you: Spouse  | Other Indi                                 | vidual | Trust   | Estate  | Legal       | Entity/C | orporation                       | Share:                                 | 5 0   |
|--|--|--------|---------|---------|-------------|----------|----------------------------------|--|---|
| HALT RICHAR  |  |        | oration |         |             |          | 9 2 6<br>SSN/EIN/Tax II          |  | 8072  |
| lame of Trustee/Executor (if applicable)   |  |        |         |         |             |          |                                  | 2 6 /<br>th Imm/dd/yyy                 |   |
| Address: 1492 MARIGOLD   | AVENUE, F                                  | ROCKI  | LAWN,   | CA 9451 | 0-9876      |          |                                  |  | eign address<br>ck here.                    |
| Contingent to which primary bend   |  | . E    |         |         |             |          | 9 1 5                            |  |   |
| POINTER MAR<br>Jame (Last, First, Middle)/Trust/Estate/Lega  | Y JAN                                      | tion   | Trust   | Estate  | Legal       |          | SSN/EIN/Tax II                   | 9 9                                    | 2 1 3 5                                     |
| POINTER MAR<br>lame (Last, First, Middle)/Trust/Estate/Lega<br>R <b>elationship toyou:</b> Spouse  | Y JAN<br>LEntity or Corpora<br>✓Other Indi | vidual |         | Estate  | Legal       | Entity/0 | SSN/EIN/Tax II                   | 9 9<br>Dor Date of Bi<br>Share:<br>2 6 | 2 1 3 5                                     |
| POINTER MAR  lame (Lest, First, Netdel/Trust/Estate/Lega  Relationship to you: Spouse  HALT LISA E | Y JAN<br>LEntity or Corpora<br>✓Other Indi | vidual |         | Estate  | ( ) Legal I | Entity/0 | orporation  9 4 2 SSN/EIN/Tax II | 9 9<br>Dor Date of Bi<br>Share:<br>2 6 | 2 1 3 5 o o o o o o o o o o o o o o o o o o |

In the above example, if the primary beneficiary, Mary Jane Pointer, dies before you do, Richard Alan Halt and Lisa Elaine Halt would each receive 50% of her share. In other words, if Mary Jane Pointer's share is 33% of your account balance, they would each qet 50% of what Mary Jane would have received—not 50% of your account.

#### **EXAMPLE 3**

| Relationship to you:   | Spou   | se []) | Other In | dividua         | . (jTr | rust | <b>√</b> E | state | 00 | Lega | al Entity | y/Co | rporation    | Share: | 1009                       |
|------------------------|--------|--------|----------|-----------------|--------|------|------------|-------|----|------|-----------|------|--------------|--------|----------------------------|
| ESTATE (               | ) F [  | 3 E T  | S Y      | A<br>atily on C | L U    | CA   | S          |       | IJ |      |           | S    | SN/EIN/Tax I | n      |                            |
| T I M O T H Y          | REI    |        |          |                 |        |      |            |       |    |      |           |      | 1            |        | yl                         |
| Address: 92 OAK S      | TREET, | BOIS   | E, ID    | 8370            | 9-214  | 3    |            |       |    |      |           |      |              | For    | eign address?<br>eck here. |
| Contingent to which pr | S S    | DN     | ΕY       |                 | TEV    | ΕN   |            |       |    |      |           |      | 0 3          |        | 7652                       |

In the above example, if the primary beneficiary, Sidney Steven Williams, dies before you do, the estate of Betsy A. Lucas would receive 100% of his share when you die. Thus, if Sidney's share is 60% of your account, Betsy's estate would receive that 60% share.

#### EXAMPLE 4

| Relationship to you:   | Spouse    | Othe   | r Individua | L []]Tru | st 🗀  | Estate : | Legal | Entity/C | orporation        | Share:                    | 100%                   |
|--|-----------|--------|-------------|----------|-------|----------|-------|----------|-------------------|---------------------------|------------------------|
| SANTOS J   | ENN       | I F E  | R M         | ARI      | Α     |          |       |          | 9 7 1             | 08 6                      | 2 3 4                  |
| Name of Individual ILast, First,   |           |        |             |          |       |          |       |          | SN/EIN/Tax I      |                           |                        |
| Name of Trustee/Executor (if a   | pplicable |        |             |          |       |          |       |          | 1 1<br>Date of Bi | 1 3 0 / 1 th (mm/dd/yyyy) | 983                    |
| Address: 6543 ARK  | ANSAS [   | DRIVE, | CHICA       | GO, IL   | 60601 | -1748    |       |          |                   | Forei<br>Chec             | gn address?<br>k here. |
| Contingent to which produced t | HEE       | LIS    | T R         | UST      |       |          |       | II,      | SENZEINZELU       | D or Date of Bir          |                        |

In the above example, if the primary beneficiary, the Jerome Wheelis Trust, is terminated before your death, Jennifer Maria Santos would receive the entire share that you designated for the Jerome Wheelis Trust.



## Whistleblowing

# A "whistleblower" discloses information he or she reasonably believes evidences:

- A violation of any law, rule or regulation
- Gross mismanagement
- A gross waste of funds

- An abuse of authority
- A substantial and specific danger to public health
- A substantial and specific danger to public safety

The Office of Special Counsel (OSC) provides a secure channel through which current and former federal employees and applicants for federal employment may make confidential disclosures. OSC evaluates the disclosures to determine whether there is a substantial likelihood that one of the categories listed above has been disclosed. If such a determination is made, OSC has the authority to require the head of the agency to investigate the matter.

To make a disclosure contact:

U.S. OFFICE OF SPECIAL COUNSEL 1730 M STREET, N.W., SUITE 218 WASHINGTON, DC 20036-4505

PHONE: (202) 254-3640\* TOLL FREE: 1-800-572-2249\*

\*Hearing and Speech Disabled: Federal Relay Service 1-800-877-8339

WWW.OSC.GOV



## WHISTLEBLOWER RETALIATION

—5 U.S.C. § 2302(b)(8)—

## THE U.S. OFFICE OF SPECIAL COUNSEL

#### What is whistleblower retaliation?

A federal employee authorized to take, direct others to take, recommend, or approve any personnel action may not take, fail to take, or threaten to take any personnel action against an employee because of protected whistleblowing.

EXAMPLE: A supervisor directs the geographic reassignment of an employee because the employee reported safety violations to senior agency officials.

## Protected whistleblowing is defined as disclosing information that the discloser reasonably believes evidences:

- 1. a violation of law, rule, or regulation;
- 2. gross mismanagement;
- 3. gross waste of funds;
- 4. an abuse of authority; or
- 5. a substantial and specific danger to public health or safety.

This section also prohibits retaliation against government scientists who challenge censorship or make disclosures concerning the integrity of the scientific process if the censorship will cause one of the five types of misconduct described above.

## What can you do if you believe whistleblower retaliation has occurred?

If you believe that you have been subject to retaliation for protected whistleblowing you can file a complaint with the U.S. Office of Special Counsel (OSC). OSC is an independent agency that investigates and prosecutes allegations of prohibited personnel practices (PPP) by federal employees. OSC has the authority to investigate PPPs, including allegations of whistleblower retaliation, and may seek corrective or disciplinary action when warranted.

#### **U.S. Office of Special Counsel**

1730 M Street, N.W., Suite 218 | Washington, D.C. 20036 Tel: (202) 254-3600 | Fax: (202) 254-3711 | TTY: 1-800-877-8339 |

www.osc.gov

From: Strauss, Alexis [Strauss.Alexis@epa.gov]

**Sent**: 7/10/2018 9:37:56 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]; Quast, Sylvia [Quast.Sylvia@epa.gov]

**Subject**: RE: draft memo to Ryan Jackson

We can do that. Let's discuss options when I see you tomorrow.

Alexis Strauss E.P.A. Region 9 75 Hawthorne Street San Francisco, CA 94105 415-972-3572

From: Stoker, Michael B.

Sent: Tuesday, July 10, 2018 2:35 PM

To: Strauss, Alexis <Strauss.Alexis@epa.gov>; Quast, Sylvia <Quast.Sylvia@epa.gov>

Subject: Re: draft memo to Ryan Jackson

Thx. Is it possible to do a memo from you and Sylvia to me based on at my request your review and opinion regarding me changing my duty station from SF to LA? Will have more clout coming from you two.

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jul 10, 2018, at 1:51 PM, Strauss, Alexis < Strauss. Alexis@epa.gov> wrote:

Mike, I've had Deborah and Sylvia look at this draft. I'm leaving a copy on your desk for you to look at tomorrow.

**Alexis** 

Subject: Regional Administrator Duty Station

From: Michael B. Stoker

Regional Administrator

To: Ryan Jackson

Chief of Staff

In my first two months as Regional Administrator, I've made it a priority to visit each of our EPA offices (San Francisco, Los Angeles, San Diego, and Honolulu) while being an effective external leader for our organization. Looking at the pattern of my various meetings and associated travel, I'd like to revisit the discussion we began before my appointment with regard to my official duty station. I am very focused on our strategic priorities of Superfund clean-ups, engagement with Tribes, and Mexican Border infrastructure, which for the coming year, lend themselves to a greater Southern California presence. I ask for your support of a one-year trial period in which my duty station is temporarily changed to our So. California Field Office in Los Angeles.

During this one-year trial period, we would continue to monitor the effectiveness of my engagement with direct reports, who join me to support a broad panoply of meetings and in travelling to tribes, states and other partners. I anticipate I would spend roughly half my time traveling and split the other

half among the Region 9 offices, with approximately 20% of my time in the San Francisco office and most of the remainder in Los Angeles.

My support team has closely tracked my travel expenses by trip and by month, noting in most cases the lower cost of travel via Los Angeles compared with San Francisco; this information is documented on every travel authorization. I have convened monthly meetings with my Regional ethics counsel to be updated on EPA and federal requirements, to ensure all my actions reflect full compliance with our requirements.

A quick summary of my first two months' calendar and projected fourth-quarter calendar shows the following:

| Month<br>leave | Days in | San Francisco | Los Angeles | San Diego | Honolulu | Travel and |
|----------------|---------|---------------|-------------|-----------|----------|------------|
| <br>May        |         | 2             | 2           | 0         | 1        | 3          |
| June           |         | 7             | 0           | 1         | 0        | 11         |
| July           |         | 2             | 6           | 0         | 0        | 9          |
| August         |         | 0             | 1           | 1         | 3        | 15         |
| September      |         | 6             | 2           | 0         | 0        | 9          |

Thus, travel and leave account for roughly 60% of my time during this period, with San Francisco at 22% and Los Angeles at 14%.

I welcome the opportunity to discuss this with you when attending next week's senior leadership meetings in EPA HQ.

Cc: Ken Wagner?
Charles Munoz?

From: Strauss, Alexis [Strauss.Alexis@epa.gov]

**Sent**: 7/10/2018 8:51:27 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]
CC: Strauss, Alexis [Strauss.Alexis@epa.gov]

**Subject**: draft memo to Ryan Jackson

Mike, I've had Deborah and Sylvia look at this draft. I'm leaving a copy on your desk for you to look at tomorrow. Alexis

Subject: Regional Administrator Duty Station

From: Michael B. Stoker

Regional Administrator

To: Ryan Jackson

Chief of Staff

In my first two months as Regional Administrator, I've made it a priority to visit each of our EPA offices (San Francisco, Los Angeles, San Diego, and Honolulu) while being an effective external leader for our organization. Looking at the pattern of my various meetings and associated travel, I'd like to revisit the discussion we began before my appointment with regard to my official duty station. I am very focused on our strategic priorities of Superfund clean-ups, engagement with Tribes, and Mexican Border infrastructure, which for the coming year, lend themselves to a greater Southern California presence. I ask for your support of a one-year trial period in which my duty station is temporarily changed to our So. California Field Office in Los Angeles.

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|-----------|---------|---------------|-------------|-----------|----------|------------------|
| May       |         | 2             | 2           | 0         | 1        | 3                |
| June      |         | 7             | 0           | 1         | 0        | 11               |
| July      |         | 2             | 6           | 0         | 0        | 9                |
| August    |         | 0             | 1           | 1         | 3        | 15               |
| September |         | 6             | 2           | 0         | 0        | 9                |

Thus, travel and leave account for roughly 60% of my time during this period, with San Francisco at 22% and Los Angeles at 14%.

I welcome the opportunity to discuss this with you when attending next week's senior leadership meetings in EPA HQ.

Cc: Ken Wagner?
Charles Munoz?

From: Strauss, Alexis [Strauss.Alexis@epa.gov]

**Sent**: 7/6/2018 4:39:16 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]; Correa, Laura [correa.laura@epa.gov]; Miller, Amy

[Miller.Amy@epa.gov]

Subject: RE: training

I have scheduled an afternoon of Telework on your calendar when you return from your Morro Bay National Estuary tour on Thursday August 2, and will find another such time in September.

Alexis Strauss E.P.A. Region 9 75 Hawthorne Street San Francisco, CA 94105 415-972-3572

From: Stoker, Michael B.

Sent: Friday, July 6, 2018 9:30 AM

To: Correa, Laura <correa.laura@epa.gov>; Strauss, Alexis <Strauss.Alexis@epa.gov>; Miller, Amy

<Miller.Amy@epa.gov>

Subject:

#### Laura,

Let's schedule a Telework day on an upcoming Monday or Thursday. I completed yesterday the following course: Travel Card Training, Telework 101 for Managers, EPA Anti-Harassment Procedures, 2018 COOP Awareness Training and Prohibited Personnel Practices eLearning. I still need to complete within 90 days of hire (which would be August 21) the following: Essential Ethics, FY 18 FOIA, FY 2018 Annual Records Management, The No FEAT Act, US Constitution and Workplace Safety.

Thx, Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 7/6/2018 4:29:31 PM

To: Correa, Laura [correa.laura@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov]; Miller, Amy [Miller.Amy@epa.gov]

#### Laura,

Let's schedule a Telework day on an upcoming Monday or Thursday. I completed yesterday the following course: Travel Card Training, Telework 101 for Managers, EPA Anti-Harassment Procedures, 2018 COOP Awareness Training and Prohibited Personnel Practices eLearning. I still need to complete within 90 days of hire (which would be August 21) the following: Essential Ethics, FY 18 FOIA, FY 2018 Annual Records Management, The No FEAT Act, US Constitution and Workplace Safety.

Thx, Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104 From: Miller, Amy [Miller.Amy@epa.gov]

**Sent**: 8/14/2018 2:12:48 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

Subject: Re: UPCOMING ETHICS TRAININGS

Sure thing. I will update you when you are in office

Amy C. Miller
Chief of Staff and Agric. Advisor
U.S. Environmental Protection Agency, Region 9

On Aug 12, 2018, at 12:16 PM, Stoker, Michael B. <stoker.michael@epa.gov> wrote:

Amy,

Plz review and make sure you advise me what and when I need to take training.

Thx, Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

#### Begin forwarded message:

From: "Jackson, Ryan" < <u>jackson.ryan@epa.gov</u>>
Date: August 10, 2018 at 6:20:47 AM GMT-11

To: "Wheeler, Andrew" <wheeler.andrew@epa.gov>, "Darwin, Henry"

<a href="mailto:</a> <a href="mailto:<a href="

<greaves.holly@epa.gov>, "Beck, Nancy" <Beck.Nancy@epa.gov>, "Bodine, Susan"

<br/><bodine.susan@epa.gov>, "Leopold, Matt (OGC)" <<a href="Leopold.Matt@epa.gov">, "McIntosh",</a>

Chad" <mcintosh.chad@epa.gov>, "Cook, Steven" <cook.steven@epa.gov>, "Wright,"

Peter" < wright.peter@epa.gov >, "Yamada, Richard (Yujiro)"

<yamada.richard@epa.gov>, "Ross, David P" <ross.davidp@epa.gov>, "Bolen, Brittany"

<bol><bolen.brittany@epa.gov>, "Lyons, Troy" < <a href="mailto:lyons.troy@epa.gov">!yons.troy@epa.gov</a>, "Dunn, Alexandra"

<dunn.alexandra@epa.gov>, "Lopez, Peter" <lopez.peter@epa.gov>, "Servidio, Cosmo"

<Servidio.Cosmo@epa.gov>, "Glenn, Trey" <Glenn.Trey@epa.gov>, "Stepp, Cathy"

<stepp.cathy@epa.gov>, "Idsal, Anne" <idsal.anne@epa.gov>, "Gulliford, Jim"

<gulliford.jim@epa.gov>, "Benevento, Douglas" <benevento.douglas@epa.gov>,

"Stoker, Michael B." <stoker.michael@epa.gov>, "Hladick, Christopher"

<hladick.christopher@epa.gov>, "Baptist, Erik" <Baptist.Erik@epa.gov>

Cc: "Minoli, Kevin" < Minoli.Kevin@epa.gov >, "Fugh, Justina" < Fugh.Justina@epa.gov >, "Keith Janaia @epa.gov >, "Keith Alamaia @epa.gov >, "K

"Keith, Jennie" < <u>Keith.Jennie@epa.gov</u>>

#### **Subject: UPCOMING ETHICS TRAININGS**

#### Dear Colleagues,

As mentioned during the July 19 ethics meeting with speakers from the White House, OGC/Ethics will be conducting training sessions in August on "embedding ethics into the calendaring process." You and your staff must take those trainings and work with your respective ethics officials to integrate ethics review into your scheduling process. Attached is a one-page summary of the effort.

Be sure to read emails from Kevin Minoli, Justina Fugh, and/or Jennie Keith of OGC/Ethics and ensure that you all receive the necessary training. We need to complete the training as quickly as possible.

Ryan

Ryan Jackson
Chief of Staff
U.S. Environmental Protection Agency
(202) 564-6999

<Overview of Embedding Ethics into Calendaring Process.docx>

From: Ford, Hayley [ford.hayley@epa.gov]

**Sent**: 6/12/2018 7:11:38 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Munoz, Charles [munoz.charles@epa.gov]; Kundinger, Kelly [kundinger.kelly@epa.gov]; Bennett, Tate

[Bennett.Tate@epa.gov]; Chancellor, Erin [chancellor.erin@epa.gov]; Gunasekara, Mandy [Gunasekara.Mandy@epa.gov]; Gordon, Stephen [gordon.stephen@epa.gov]; Wagner, Kenneth

[wagner.kenneth@epa.gov]; Daniell, Kelsi [daniell.kelsi@epa.gov]

Subject: RE: California Visit

Hi all – I wanted to follow up and confirm that we are going to stick with the original schedule below for our California swing. I've updated the June 29 agenda with a meeting that our Air office is going to set up and where we likely won't need Region staffing, but we'll let you know.

I will send the Reagan ranch info to our ethics officers and let you know if/when we receive a go-ahead on this.

**POCs:** Tate and Kelly will be your POCs in structuring the Casmalia ROD event and Region visit, in terms of sharing what has worked best in the past. Kelsi Daniell will also likely be roped in regarding any media associated with the ROD event. I assume Erin may also weigh in on the Casmalia event and Ken may also weigh in on the Region visit.

They will be in touch soon regarding details. Thanks!

#### June 28

Early morning: Fly from CEC in Oklahoma City to California

Late Morning: Casmalia ROD Signing

**Early Afternoon**: Visit to Reagan Ranch (pending ethics approval, we may need to substitute this) **Late Afternoon**: Fly to San Francisco (or early morning on June 29 depending on additional events)

#### <u>June 29</u>

Morning/Early Afternoon: Region 9 Visit & Offsite air meeting (Mandy to set up); Potentially one other event.

Early/Late Afternoon: Fly back to DC

## Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator

**Environmental Protection Agency** 

ford.hayley@epa.gov Phone: 202-564-2022 Cell: 202-306-1296

From: Stoker, Michael B.

**Sent:** Monday, June 11, 2018 3:35 PM **To:** Ford, Hayley <ford.hayley@epa.gov>

Cc: Munoz, Charles <munoz.charles@epa.gov>; Kundinger, Kelly <kundinger.kelly@epa.gov>; Bennett, Tate

<Bennett.Tate@epa.gov>; Chancellor, Erin <chancellor.erin@epa.gov>; Gunasekara, Mandy

<Gunasekara.Mandy@epa.gov>
Subject: Re: California Visit

Can we reverse the order and do Casmalia on the 10th and Region on the 11th.

Mike

Sent from my iPhone

On Jun 11, 2018, at 2:26 PM, Ford, Hayley <ford.hayley@epa.gov> wrote:

We can't do the region visit on the 28th and Casmalia on the 29th.

How does July 10-11 look from the region perspective? We would want the region visit on the 10<sup>th</sup> (Tues) and Casmalia on the 11<sup>th</sup> (Wed). Understand your scheduling conflicts but we are weighing several factors and hard to find 2 full days in his schedule otherwise.

### Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

ford.hayley@epa.gov Phone: 202-564-2022 Cell: 202-306-1296

From: Stoker, Michael B.

**Sent:** Monday, June 11, 2018 3:04 PM **To:** Ford, Hayley <ford.hayley@epa.gov>

Cc: Munoz, Charles < munoz.charles@epa.gov >; Kundinger, Kelly < kundinger.kelly@epa.gov >; Bennett, Tate < Bennett.Tate@epa.gov >; Chancellor, Erin < chancellor.erin@epa.gov >; Gunasekara, Mandy < Gunasekara.Mandy@epa.gov >

Subject: Re: California Visit

Can we do Regional visit in SF on the 28th and Casmalia on 29th? Makes my calendar pretty crazy as I will be in DC earlier in the week and end back in Santa Barbara end of the week. If you want a Casmalia mis week event how about Casmalia on a Tuesday and Regional visit on a Wednesday OR Regional visit on a Wednesday and Casmalia on a Thursday anytime in July. With the exception of the week of the 16th when RA's will be in DC.

Mike

Mike

Sent from my iPhone

On Jun 11, 2018, at 1:37 PM, Ford, Hayley <ford.hayley@epa.gov> wrote:

Mike/Charles -

We are tentatively tracking the below California visit for the Administrator. Mike, we'd want you to also attend the Region 9 visit so please confirm that you could make this happen. Would love to get your thoughts on any other potential events in these areas that could fit in the schedule while he's out there.

Let us know if the below dates work on your end. Thanks!

June 28

Early morning: Fly from CEC in Oklahoma City to California

Late Morning: Casmalia ROD Signing

Early Afternoon: Visit to Reagan Ranch (pending ethics approval, we may need to

substitute this)

**Late Afternoon**: Fly to San Francisco (or early morning on June 29 depending on additional events)

June 29

Morning: Region 9 Visit

**Late Morning/Early Afternoon**: One more event (Mandy in OAR copied here has some air-related event ideas, but also if there are any high-profile Superfund sites near the

office, he would be interested in visiting these as well)

Early/Late Afternoon: Fly back to DC

## Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

From: Bennett, Tate [Bennett.Tate@epa.gov]

**Sent**: 6/21/2018 1:36:37 PM

**To**: Miller, Amy [Miller.Amy@epa.gov]; Ford, Hayley [ford.hayley@epa.gov]

CC: Stoker, Michael B. [stoker.michael@epa.gov]; Munoz, Charles [munoz.charles@epa.gov]; Kundinger, Kelly

[kundinger.kelly@epa.gov]

Subject: RE: Reagan Ranch

I'll touch base with you later today. Kelly and I are currently working on his plans for tomorrow and Monday and have been short staffed this week. Thanks for your patience!

From: Miller, Amy

**Sent:** Thursday, June 21, 2018 9:31 AM **To:** Ford, Hayley <ford.hayley@epa.gov>

Cc: Stoker, Michael B. <stoker.michael@epa.gov>; Munoz, Charles <munoz.charles@epa.gov>; Kundinger, Kelly

<kundinger.kelly@epa.gov>; Bennett, Tate <Bennett.Tate@epa.gov>

Subject: Re: Reagan Ranch

Thank you. I heard from Charles.

Tate we look forward to hearing Administrator logistics for Thursday and Friday.

Amy

Sent from my iPhone

On Jun 21, 2018, at 6:13 AM, Ford, Hayley <ford.hayley@epa.gov> wrote:

Amy/Mike,

I received a V/M from Amy last night inquiring about the Reagan Ranch so wanted to make sure we were on the same page. I'd let Charles know earlier this week that ethics suggested we <u>not</u> accept this invitation to visit. Therefore, we appreciate the suggestion, but we will not be able to do this.

Thank you!

## Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

From: Miller, Amy [Miller.Amy@epa.gov]

**Sent**: 6/21/2018 1:30:34 PM

**To**: Ford, Hayley [ford.hayley@epa.gov]

CC: Stoker, Michael B. [stoker.michael@epa.gov]; Munoz, Charles [munoz.charles@epa.gov]; Kundinger, Kelly

[kundinger.kelly@epa.gov]; Bennett, Tate [Bennett.Tate@epa.gov]

Subject: Re: Reagan Ranch

Thank you. I heard from Charles.

Tate we look forward to hearing Administrator logistics for Thursday and Friday.

Amy

Sent from my iPhone

On Jun 21, 2018, at 6:13 AM, Ford, Hayley <ford.hayley@epa.gov> wrote:

Amy/Mike,

I received a V/M from Amy last night inquiring about the Reagan Ranch so wanted to make sure we were on the same page. I'd let Charles know earlier this week that ethics suggested we <u>not</u> accept this invitation to visit. Therefore, we appreciate the suggestion, but we will not be able to do this.

Thank you!

## Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

From: Ford, Hayley [ford.hayley@epa.gov]

**Sent**: 6/21/2018 1:13:38 PM

To: Miller, Amy [Miller.Amy@epa.gov]; Stoker, Michael B. [stoker.michael@epa.gov]

CC: Munoz, Charles [munoz.charles@epa.gov]; Kundinger, Kelly [kundinger.kelly@epa.gov]; Bennett, Tate

[Bennett.Tate@epa.gov]

Subject: Reagan Ranch

#### Amy/Mike,

I received a V/M from Amy last night inquiring about the Reagan Ranch so wanted to make sure we were on the same page. I'd let Charles know earlier this week that ethics suggested we <u>not</u> accept this invitation to visit. Therefore, we appreciate the suggestion, but we will not be able to do this.

Thank you!

## Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

**From**: Hage, Christopher [hage.christopher@epa.gov]

**Sent**: 10/10/2018 11:27:09 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Background Info on Andrew Wheeler

#### Mike,

Here is a summary of Andrew Wheeler's personal background, his career, and a few links to articles you might find interesting about him.

-Chris Hage

Andrew R. Wheeler (born December 23, 1964) is an American lawyer, former lobbyist and since July 9, 2018 Acting Administrator of the United States Environmental Protection Agency (EPA). He previously worked in the law firm Faegre Baker Daniels, representing coal magnate Robert E. Murray and lobbying against the Obama Administration's environmental regulations. Wheeler was also an aide to U.S. Senator James Inhofe, prominent for his rejection of climate change. Wheeler is a critic of limits on greenhouse gas emissions and the Intergovernmental Panel on Climate Change. Self-described as "a prolific social media user," he faced criticism in October 2018 for having liked a racist post about the Obamas and for writing a comparison of Hillary Clinton to the Four Horsemen of the Apocalypse. In October 2017, Wheeler was nominated by President Donald Trump, renominated in January 2018 and confirmed as Deputy Administrator of the EPA in April 2018. On July 9, 2018, Wheeler became the Acting Administrator after the resignation of Scott Pruitt.

#### Early life and education

Wheeler was born in Hamilton, Ohio on December 23, 1964. In 1987 he obtained a Bachelor of Arts in English and biology from Case Western Reserve University in Cleveland, Ohio and a Juris Doctor from the Washington University in St. Louis School of Law in 1990. In 1998, he completed a Master of Business Administration at George Mason University.

#### **Career History**

EPA, 1991-1995

Wheeler's first job between 1991 and 1995 was as special assistant to the Information Management Division Director in the Environmental Protection Agency's Office of Pollution Prevention and Toxics working on toxic chemical, pollution prevention, and right-to-know issues. Wheeler received the Agency's Bronze Medal in 1993 and twice in 1994.

#### Staffer for Sen. Jim Inhofe, 1995-2009

From January 1995 until January 1997, Wheeler worked as Chief Counsel of Senator Jim Inhofe. In 1997 Wheeler entered his first work in Congress as majority staff director at the US Senate Subcommittee on Clean Air, Climate Change, Wetlands, and Nuclear Safety, which Inhofe chaired until 2001; thereafter he was minority staff director under Chairman George Voinovich from 2001-2003. From 2003-2009 he was chief counsel at the Senate Committee on Environment and Public Works. During this time, he generally sought to reduce government regulations on industries that generate greenhouse gases. Senator James Inhofe was prominent for his rejection of climate change, and famously brought a snowball to the Senate as alleged proof that climate change was not real.

During his time at the Senate, he was named by the National Journal as one of the Top Congressional Staff Leaders in 2005 and was a John C. Stennis Congressional Staff Fellow in the 106th Congress.

#### Lobbying, 2009-2018

Since 2009 Wheeler has been a lobbyist at the law firm Faegre Baker Daniels' energy and natural resources practice. Since 2009, he represented the coal producer Murray Energy, privately owned by Robert E. Murray, a supporter of President Trump. Murray Energy was Wheeler's best-paying client, paying more than \$300,000 during the period 2009-

2017. Wheeler lobbied against the Obama administration's climate regulations for power plants and also sought to persuade the Energy Department to subsidize coal plants. Wheeler set up a meeting between Murray and Energy Secretary Rick Perry in March 2017; at the meeting, Murray advocated for the rollback of environmental regulations and for protections for the coal industry.

#### EPA Deputy Administrator, 2018

In October 2017, Wheeler was nominated by President Donald Trump to become Deputy Administrator of the United States Environmental Protection Agency. His nomination was returned to the White House on January 3, 2018 under Senate Rule XXXI, paragraph 6. His nomination was resubmitted and he was confirmed as Deputy Administrator of the EPA on April 12, 2018, by a mostly party-line vote of 53–45, which included three Democratic Senators: Joe Manchin, Heidi Heitkamp, and Joe Donnelly.

Since being sworn in, Wheeler has had at least three meetings with former lobbying clients of his in a potential violation of the Trump administration's ethics pledge and the promises that Wheeler made during his confirmation hearing.

#### EPA Acting Administrator, 2018

Under fire since his appointment, Scott Pruitt announced on July 5, 2018, he would be resigning effective July 6. He left Wheeler as the acting head of the agency.

#### **Environmental views**

Wheeler publishes articles in the magazine Law360. In 2010, he questioned the scientific rigor of the Intergovernmental Panel on Climate Change, expressing his impression that the positions of the organization were based more on political worldview than scientific facts. Asked if he accepted the scientific consensus on climate change during his confirmation hearings as Deputy Director of the EPA, Wheeler answered, "I believe that man has an impact on the climate but what's not completely understood is what the impact is."

Wheeler is Chairman Emeritus of the National Energy Resources Organization. He is Vice President of the Washington Coal Club. He is a member of Indiana University School of Public and Environmental Affairs Technical Review Panel for the Energy Concentration.

https://www.inhofe.senate.gov/newsroom/press-releases/inhofe-applauds-senate-confirmation-of-andrew-wheeler-to-epa

https://www.nytimes.com/2018/04/12/climate/epa-pruitt-deputy-wheeler-confirmation.html

https://www.foxnews.com/politics/andrew-wheeler-interim-epa-chief-is-a-former-coal-lobbyist-with-decades-long-experience-in-washington

From: Ford, Hayley [ford.hayley@epa.gov]

**Sent**: 6/11/2018 7:57:05 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

Subject: RE: California Visit

Please call me.

## Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator

**Environmental Protection Agency** 

ford.hayley@epa.gov Phone: 202-564-2022 Cell: 202-306-1296

From: Stoker, Michael B.

**Sent:** Monday, June 11, 2018 3:35 PM **To:** Ford, Hayley <ford.hayley@epa.gov>

Cc: Munoz, Charles <munoz.charles@epa.gov>; Kundinger, Kelly <kundinger.kelly@epa.gov>; Bennett, Tate

<Bennett.Tate@epa.gov>; Chancellor, Erin <chancellor.erin@epa.gov>; Gunasekara, Mandy

<Gunasekara.Mandy@epa.gov>
Subject: Re: California Visit

Can we reverse the order and do Casmalia on the 10th and Region on the 11th.

Mike

Sent from my iPhone

On Jun 11, 2018, at 2:26 PM, Ford, Hayley <ford.hayley@epa.gov> wrote:

We can't do the region visit on the 28th and Casmalia on the 29th.

How does July 10-11 look from the region perspective? We would want the region visit on the 10<sup>th</sup> (Tues) and Casmalia on the 11<sup>th</sup> (Wed). Understand your scheduling conflicts but we are weighing several factors and hard to find 2 full days in his schedule otherwise.

### Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

ford.hayley@epa.gov Phone: 202-564-2022 Cell: 202-306-1296

From: Stoker, Michael B.

**Sent:** Monday, June 11, 2018 3:04 PM **To:** Ford, Hayley < ford.hayley@epa.gov>

Cc: Munoz, Charles <a href="munoz.charles@epa.gov">munoz.charles@epa.gov</a>; Kundinger, Kelly <a href="munoz.charles@epa.gov">kundinger.kelly@epa.gov</a>; Bennett,

Tate < Bennett. Tate@epa.gov>; Chancellor, Erin < chancellor.erin@epa.gov>; Gunasekara, Mandy

<Gunasekara.Mandy@epa.gov>

Subject: Re: California Visit

Can we do Regional visit in SF on the 28th and Casmalia on 29th? Makes my calendar pretty crazy as I will be in DC earlier in the week and end back in Santa Barbara end of the week. If you want a Casmalia mis week event how about Casmalia on a Tuesday and Regional visit on a Wednesday OR Regional visit on a Wednesday and Casmalia on a Thursday anytime in July. With the exception of the week of the 16th when RA's will be in DC.

Mike

Mike

Sent from my iPhone

On Jun 11, 2018, at 1:37 PM, Ford, Hayley <ford.hayley@epa.gov> wrote:

Mike/Charles -

We are tentatively tracking the below California visit for the Administrator. Mike, we'd want you to also attend the Region 9 visit so please confirm that you could make this happen. Would love to get your thoughts on any other potential events in these areas that could fit in the schedule while he's out there.

Let us know if the below dates work on your end. Thanks!

#### June 28

Early morning: Fly from CEC in Oklahoma City to California

Late Morning: Casmalia ROD Signing

Early Afternoon: Visit to Reagan Ranch (pending ethics approval, we may need to

substitute this)

Late Afternoon: Fly to San Francisco (or early morning on June 29 depending on

additional events)

#### June 29

Morning: Region 9 Visit

Late Morning/Early Afternoon: One more event (Mandy in OAR copied here has some air-related event ideas, but also if there are any high-profile Superfund sites near the

office, he would be interested in visiting these as well)

Early/Late Afternoon: Fly back to DC

### Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

From: Ford, Hayley [ford.hayley@epa.gov]

**Sent**: 6/11/2018 7:26:27 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Munoz, Charles [munoz.charles@epa.gov]; Kundinger, Kelly [kundinger.kelly@epa.gov]; Bennett, Tate

[Bennett.Tate@epa.gov]; Chancellor, Erin [chancellor.erin@epa.gov]; Gunasekara, Mandy

[Gunasekara.Mandy@epa.gov]

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Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

ford.hayley@epa.gov Phone: 202-564-2022 Cell: 202-306-1296

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Cc: Munoz, Charles <munoz.charles@epa.gov>; Kundinger, Kelly <kundinger.kelly@epa.gov>; Bennett, Tate

<Bennett.Tate@epa.gov>; Chancellor, Erin <chancellor.erin@epa.gov>; Gunasekara, Mandy

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Mike

Mike

Sent from my iPhone

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We are tentatively tracking the below California visit for the Administrator. Mike, we'd want you to also attend the Region 9 visit so please confirm that you could make this happen. Would love to get your thoughts on any other potential events in these areas that could fit in the schedule while he's out there.

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#### <u>June 29</u>

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**Late Morning/Early Afternoon**: One more event (Mandy in OAR copied here has some air-related event ideas, but also if there are any high-profile Superfund sites near the office, he would be interested in

visiting these as well)

Early/Late Afternoon: Fly back to DC

## Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

From: Ford, Hayley [ford.hayley@epa.gov]

**Sent**: 6/11/2018 6:37:33 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]; Munoz, Charles [munoz.charles@epa.gov]

CC: Kundinger, Kelly [kundinger.kelly@epa.gov]; Bennett, Tate [Bennett.Tate@epa.gov]; Chancellor, Erin

[chancellor.erin@epa.gov]; Gunasekara, Mandy [Gunasekara.Mandy@epa.gov]

Subject: California Visit

#### Mike/Charles -

We are tentatively tracking the below California visit for the Administrator. Mike, we'd want you to also attend the Region 9 visit so please confirm that you could make this happen. Would love to get your thoughts on any other potential events in these areas that could fit in the schedule while he's out there.

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Late Morning/Early Afternoon: One more event (Mandy in OAR copied here has some air-related event ideas, but also if

there are any high-profile Superfund sites near the office, he would be interested in visiting these as well)

Early/Late Afternoon: Fly back to DC

## Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

From: Miller, Amy [Miller.Amy@epa.gov]

**Sent**: 5/30/2018 5:28:14 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Ethics form for Phoenix trip approved

Fyi

Sent from my iPhone

Begin forwarded message:

From: "Jawgiel, Steven" < <u>Jawgiel.Steven@epa.gov</u>>

**Date:** May 29, 2018 at 8:04:33 AM HST **To:** "Miller, Amy" < <u>Miller, Amy@epa.gov</u>>

Cc: "Vollmer, Jared" < Vollmer, Jared@epa.gov>, "Strauss, Alexis" < Strauss, Alexis@epa.gov>

Subject: FW: Michael Stoker's

Hello Amy.

I just want to let you and Jared know that Jennie Keith, the HQ ethics official in Justina Fugh's office, notified me that she will be approving Mike and Jared's invitational travel requests for the upcoming Arizona trip. However, it might take a couple of business days for Jennie to input the information into EPA's system, which will generate a formal approval notification.

I will be following up with Jennie on the status of Mike's invitational travel request for the upcoming San Diego trip. You should be hearing from me or Jennie in a couple of days.

Feel free to call me with any questions. Thanks!

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

This email, including any attachments, may contain non-public, privileged and/or confidential information solely intended to be conveyed to the designated recipient(s). If you receive this email and are not an intended recipient, please contact me immediately. The unauthorized use, dissemination, distribution, or reproduction of this email and its attachments is strictly prohibited by law.

From: Keith, Jennie

**Sent:** Friday, May 25, 2018 12:45 PM

To: Jawgiel, Steven <a href="mailto:Steven@epa.gov">Jawgiel.Steven@epa.gov</a>; Fugh, Justina@epa.gov>

Cc: Wong, Beatrice < wong.beatrice@epa.gov>

Subject: RE: Michael Stoker's

Steve, I will be approving these forms. I may not get them processed today, but wanted to let you know that OGC/Ethics will approve them.

Thanks!
Jennie for OGC/Ethics

From: Jawgiel, Steven

Sent: Thursday, May 24, 2018 8:09 PM

To: Keith, Jennie < Keith. Jennie@epa.gov>; Fugh, Justina < Fugh. Justina@epa.gov>

Subject: RE: Michael Stoker's

Hello again Jennie and Justina.

Attached are two additional ethics travel forms for Jared Vollmer, who will be traveling with Michael Stoker during the June Arizona trip. Jared's forms are not signed because he transmitted them to me directly as opposed to Mike's forms, which I received through Mike's Chief of Staff, Amy Miller. Both of Jared's forms look acceptable to me.

Again, don't hesitate to call me with any questions. Thanks again!

Steven L. Jawgiel
Assistant Regional Counsel
U.S. EPA, Region IX
75 Hawthorne Street, ORC-1
San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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From: Jawgiel, Steven

Sent: Thursday, May 24, 2018 4:53 PM

To: Keith, Jennie < Keith. Jennie@epa.gov >; Fugh, Justina < Fugh. Justina@epa.gov >

Subject: Michael Stoker's

Hello Jennie and Justina.

Attached are two separate ethics travel forms for our new Regional Administrator, Michael Stoker. They are both included in the same PDF. I should note I followed up on a statement in the explanation section of the first form. The statement is, "Senator McCain and ASU are seeking federal assistance for the Rio Salado effort, EPA is working with the Senator's office and ASU." I was curious if EPA is providing any financial assistance in the form of a grant. It turns out EPA is providing ASU technical

assistance in ASU's efforts to develop a local workgroup to help advance the Rio Salado revitalization and restoration effort. With this said, both forms look fine to me.

If you have any questions, I will be out tomorrow. However, feel free to call me on my mobile phone (415) 722-4742 if you need to speak with me. Otherwise, have a great long weekend!

Steven L. Jawgiel
Assistant Regional Counsel
U.S. EPA, Region IX
75 Hawthorne Street, ORC-1
San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

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From: Miller, Amy [Miller.Amy@epa.gov]

**Sent**: 5/25/2018 5:07:33 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

Subject: Re: Ethics form for travel and other benefits

What is your date of birth?

Sent from my iPhone

On May 25, 2018, at 9:56 AM, Laura Wilkin < wilkin@cipa.org > wrote:

Looks like that would be United #5443 and #5502, both operated by Skywest:

#5443

Depart SAN at 10:35 am Arrive LAX at 11:29 am

#5502

Depart LAX at 12:03 pm Arrive SBA at 1:00 pm

Total: \$376.80

(Screenshot attached.)

Will we need to book this for him (I'd need his full name and DOB), or will we be reimbursing him for it (I'd need a receipt)?

Thanks for your help. I'm not familiar with the "usual process" of how these arrangements are handled, so your guidance is appreciated.

Laura

From: Miller, Amy < Miller. Amy@epa.gov> Sent: Friday, May 25, 2018 9:38 AM

To: Laura Wilkin < <a href="mailto:lwilkin@cipa.org">lwilkin@cipa.org</a>>

Subject: Fwd: Ethics form for travel and other benefits

Here is what Mike said about the flight from San Diego to Santa Barbara. Could you get me the cost you will pay and I will finish the form and submit

**Thanks** 

Amy

Sent from my iPhone

Begin forwarded message:

From: "Stoker, Michael B." < stoker.michael@epa.gov>

**Date:** May 25, 2018 at 9:09:37 AM PDT **To:** "Miller, Amy" < <u>Miller, Amy@epa.gov</u>>

Subject: Re: Ethics form for travel and other benefits

San Diego to SB. I think there is a one stop 10 to 11 am departure that gets in around 1. I

think it's United.

Mike

Sent from my iPhone

On May 25, 2018, at 9:01 AM, Miller, Amy <\footnote{Miller.Amy@epa.gov> wrote:

Can you give me some info on when and where you want to fly and i will get back to her

Sent from my iPhone

Begin forwarded message:

From: Laura Wilkin < lwilkin@cipa.org > Date: May 25, 2018 at 8:57:35 AM PDT To: "Miller, Amy@epa.gov >

Cc: Rock Zierman < rock@cipa.org>, "Munoz, Charles"

<munoz.charles@epa.gov>

Subject: RE: Ethics form for travel and other benefits

Hi, Amy.

The hotel cost would be: Room & tax: \$295.26 Valet Parking (if needed): \$35

We have not made any flight arrangements and do not know when/where he will be flying, so we'll need guidance on how to handle that portion.

Thanks. Laura

From: Miller, Amy < Miller. Amy@epa.gov>
Sent: Thursday, May 24, 2018 10:23 PM
To: Laura Wilkin < wilkin@cipa.org>

**Cc:** Rock Zierman < rock@cipa.org>; Munoz, Charles

<munoz.charles@epa.gov>

Subject: Re: Ethics form for travel and other benefits

Thank you for filling out form. One last item i need is inkind cost of hotel and flight. Thanks

Amy

Sent from my iPhone

On May 24, 2018, at 8:58 AM, Laura Wilkin <a href="mailto:slikin@cipa.org">slikin@cipa.org</a> wrote:

#### Amy:

I've completed the Ethics Travel form with our information (attached). You'll need to add some of the other details from your end. Please let me now if you need anything else from me.

Thanks. Laura

From: Rock Zierman

Sent: Thursday, May 24, 2018 8:41 AM To: Laura Wilkin < wilkin@cipa.org > Subject: Fwd: Ethics form for travel and

other benefits

Stoker plans on coming Friday night and speaking Sat morning. We will cover his room and one way ticket to his next destination. Pls take a look at the attached docs. Thanks.

Sent from my iPhone

Begin forwarded message:

From: "Stoker, Michael B." <stoker.michael@epa.g ov>

Date: May 24, 2018 at 7:14:19 AM PDT To: "rock@cipa.org" <rock@cipa.org>, "Miller, Amy" <Miller.Amy@epa.gov>

Subject: Fwd: Ethics form for travel and other benefits

Rock, Can you have your folks fill out the information needed for us to submit? You can return to my COS, Amy Miller, who is copied with this email. Feel free to call me if you have any questions. Best regards, Mike

Sent from my iPhone

Begin forwarded message:

From:

"Miller,

Amy"

<Miller.

Amy@e

pa.gov>

Date:

May

24,

2018 at

7:11:08

ΑM

PDT

To:

"Stoker

,

Michael

В."

<<u>stoker</u>

<u>.michae</u>

l@epa.

gov>

Subject

: Ethics

form

for

travel

and

other

benefit

S

Amy C.

Miller

Chief of

Staff

and

Agric.

Advisor

Office of Regiona I Admini strator U.S. Environ mental Protecti

on Agency, Region IX

(415)

947-4198

miller.a

<u>ту@ер</u>

a.gov

<FILLABLE Ethics Travel Form.pdf>

<FILLABLE Ethics Travel

Form\_Stoker\_CIPA\_June9.2018.pdf>

<Stoker\_flight itin.JPG>

 From:
 Rock Zierman [rock@cipa.org]

 Sent:
 5/25/2018 4:27:58 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]; Munoz, Charles [munoz.charles@epa.gov]

**Subject**: Fwd: Ethics form for travel and other benefits

Let Laura know your flight plans. Thanks, Rock

Sent from my iPhone

Begin forwarded message:

From: Laura Wilkin < <a href="mailto:lwilkin@cipa.org">lwilkin@cipa.org</a> Date: May 25, 2018 at 9:17:07 AM PDT To: Rock Zierman < <a href="mailto:rock@cipa.org">rock@cipa.org</a>

Subject: RE: Ethics form for travel and other benefits

Already done. They have everything they need except the cost of the flight, since I don't know his flight

plans.

From: Rock Zierman

Sent: Friday, May 25, 2018 7:23 AM To: Laura Wilkin <a href="wilkin@cipa.org">wilkin@cipa.org</a>

Subject: Fwd: Ethics form for travel and other benefits

Sent from my iPhone

Begin forwarded message:

From: "Stoker, Michael B." < stoker.michael@epa.gov>

**Date:** May 25, 2018 at 12:26:37 AM PDT **To:** "rock@cipa.org" <rock@cipa.org>

Cc: "Munoz, Charles" <munoz.charles@epa.gov>

Subject: Fwd: Ethics form for travel and other benefits

Rock,

Can you please have your folks fill in the information that my folks need to review? I need this information ASAP. Please email to Charles Munoz whom I have cc'd.

Best regards,

Mike

Sent from my iPhone

Begin forwarded message:

From: "Miller, Amy" < Miller. Amy@epa.gov>
Date: May 24, 2018 at 7:11:08 AM PDT

To: "Stoker, Michael B." < stoker.michael@epa.gov> Subject: Ethics form for travel and other benefits

Amy C. Miller
Chief of Staff and Agric. Advisor
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

From: Miller, Amy [Miller.Amy@epa.gov]

**Sent**: 5/25/2018 4:01:10 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]
Subject: Fwd: Ethics form for travel and other benefits

Can you give me some info on when and where you want to fly and i will get back to her

Sent from my iPhone

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Date: May 25, 2018 at 8:57:35 AM PDT

To: "Miller, Amy" <a href="mailto:Miller.Amy@epa.gov">Miller.Amy@epa.gov</a>

Cc: Rock Zierman < rock@cipa.org>, "Munoz, Charles" < munoz.charles@epa.gov>

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Valet Parking (if needed): \$35

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To: Laura Wilkin < wilkin@cipa.org >

Cc: Rock Zierman <rock@cipa.org>; Munoz, Charles <munoz.charles@epa.gov>

Subject: Re: Ethics form for travel and other benefits

Thank you for filling out form. One last item i need is in-kind cost of hotel and flight. Thanks

Amy

Sent from my iPhone

On May 24, 2018, at 8:58 AM, Laura Wilkin < wilkin@cipa.org > wrote:

Amy:

I've completed the Ethics Travel form with our information (attached). You'll need to add some of the other details from your end. Please let me now if you need anything else from me.

Thanks.

From: Rock Zierman

Sent: Thursday, May 24, 2018 8:41 AM To: Laura Wilkin < wilkin@cipa.org>

Subject: Fwd: Ethics form for travel and other benefits

Stoker plans on coming Friday night and speaking Sat morning. We will cover his room and one way ticket to his next destination. Pls take a look at the attached docs. Thanks.

Sent from my iPhone

Begin forwarded message:

From: "Stoker, Michael B." < stoker.michael@epa.gov>

Date: May 24, 2018 at 7:14:19 AM PDT

To: "rock@cipa.org" <rock@cipa.org>, "Miller, Amy"

<Miller.Amy@epa.gov>

Subject: Fwd: Ethics form for travel and other benefits

Rock,

Can you have your folks fill out the information needed for us to submit? You can return to my COS, Amy Miller, who is copied with this email. Feel free to call me if you have any questions.

Best regards,

Mike

Sent from my iPhone

Begin forwarded message:

From: "Miller, Amy" < Miller. Amy@epa.gov> Date: May 24, 2018 at 7:11:08 AM PDT

To: "Stoker, Michael B." < stoker.michael@epa.gov> Subject: Ethics form for travel and other benefits

Amy C. Miller
Chief of Staff and Agric. Advisor
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

<FILLABLE Ethics Travel Form.pdf>
<FILLABLE Ethics Travel Form Stoker CIPA June9.2018.pdf>

From: Integrity.gov [notifications@integrity.gov]

**Sent**: 7/30/2018 6:36:39 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

Subject: Integrity.gov: Report Certified

Your 2018 New Entrant report has been certified. You may view the certified copy of your report by logging into Integrity at https://integrity.gov. Thank you for completing this important obligation. If you have any comments on the INTEGRITY system, please send them to ethics@epa.gov.

From: Integrity.gov [notifications@integrity.gov]

6/6/2018 1:52:45 PM Sent:

To: Stoker, Michael B. [stoker.michael@epa.gov]

Integrity.gov: Report Assigned Subject:

Greetings! OGC/Ethics has assigned you a public financial disclosure report in INTEGRITY. Please follow the directions below.

### NEW ENTRANT REPORT

You are entering a position at EPA that requires you to file the public financial disclosure report, the OGE 278e. If this is your first time completing the report, then please understand that it requires A LOT of specific information. If you previously reported your financial holdings on the OGE-450 confidential financial disclosure form, then be advised that you will have to report MUCH MORE information and in greater detail than you have done previously. As a new entrant filer, you will provide specific information about your own and imputed assets (including diversified mutual funds that are not reportable on the OGE 450), retirement plans, trusts, non-term life insurance) and report how much those assets are worth (i.e., the valuation), and the type and amount of income earned for those assets (even if in a tax-deferred account).

#### INTEGRITY ACCESS REMINDERS

YOU NEED AN UP-TO-DATE internet browser. INTEGRITY requires Internet Explorer 10 and above, Firefox 31.0 or greater, Safari 5 or greater, Google Chrome 36.0 or greater.

Go to https://www.integrity.gov . INTEGRITY will then route you to the OMB's secure system, MAX.gov,

for authentication. We already established accounts in MAX.gov and INTEGRITY for you.

Your current MAX.gov ID is your EPA email address. If you are departing EPA, then you need to write to ethics@epa.gov and provide a non-EPA email address. We have to update your accounts for you that aren't based on the EPA email address.

If you've never used MAX.gov, then you'll be prompted to create a password. If you have used MAX.gov before, then use the password you already created to access your account (or reset that password if you forgot or it's now expired).

INTEGRITY saves partially completed forms for you so you can return anytime you want.

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## INTEGRITY LOG-IN REMINDERS

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INTEGRITY has helpful resource tools, but you need to be logged on to see them. To learn more about INTEGRITY, check out the "For Filers" tab on the INTEGRITY resource page. If you are having any problems with INTEGRITY itself, send an email to ethics@epa.gov . TRANSACTION REMINDERS

Annual and termination public filers must report on certain transactions. Some transactions must be reported periodically (e.g., stocks, bonds), while mutual fund transactions must be reported annually. If you used INTEGRITY to file your 278Ts, then you can pre-populate your annual or termination reports. Otherwise, you have to enter those transactions yourself.

For additional guidance about filling out the OGE-278 annual and OGE-278-T periodic financial disclosure form, see: https://www2.oge.gov/web/278eGuide.nsf or the OGC/Ethics intranet site at http://intranet.epa.gov/ogc/Integrity/Landingpage.html.

**From**: Integrity.gov [notifications@integrity.gov]

**Sent**: 6/19/2018 8:47:23 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

Subject: Integrity.gov: Filing Reminder Assignment

This notice is a reminder that your 2018 New Entrant report is due on 07/05/2018. Remember, there's no penalty for filing early. More importantly, filing your report will stop these annoying reminders.

You may access the report by logging into Integrity at https://integrity.gov. If you have any questions concerning the filling out of the form, you can send a note to ethics@epa.gov and we'll get back to you within 48 hours.

Please let us know if you need an extension by sending an email to Justina Fugh or sending a request to ethics@epa.gov. You need to give a reason (e.g., workload, travel, need to gather materials) and say whether you need 45 or 90 additional days.

Also, check out our intranet site in INTEGRITY for more information: http://intranet.epa.gov/ogc/Integrity/Landingpage.html

For additional guidance about filling out the OGE-278 annual and OGE-278-T periodic financial disclosure form, see: https://www2.oge.gov/Web/278eGuide.nsf

Integrity.gov [notifications@integrity.gov] From:

6/5/2018 8:27:21 PM Sent:

To: Stoker, Michael B. [stoker.michael@epa.gov]

Subject: Integrity.gov: User Provisioning

Dear Michael Stoker,

You are registered to use Integrity, https://integrity.gov. It is a secure, online system the U.S. Office of Government Ethics created for electronically filing and reviewing public financial disclosure reports (OGE Form 278, OGE Form 278-T).

Login: Click "Login to Integrity" on https://integrity.gov.

Logging into Integrity requires an active MAX.gov account.
-Current MAX.gov user: click "Login to Integrity" and enter your existing MAX.gov ID and password.

-Never used MAX.gov: click "Login to Integrity." Above the password field, click on the "Forgot, set, or change your password?" link. This will open a dialog box where you enter your email address to receive MAX.gov account activation instructions and to create a password that you will use to access Integrity.

Learn about Integrity here: https://community.max.gov/x/vQApLg. (MAX.gov ID and password required.)

For additional guidance about filling out the OGE-278 annual and OGE-278-T periodic financial disclosure form, see: https://www2.oge.gov/Web/278eGuide.nsf

**From**: Wong, Beatrice [wong.beatrice@epa.gov]

**Sent**: 5/25/2018 8:32:50 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

CC: LEONIDO-JOHN, STEVEN [Leonido-John.Steven@epa.gov]; Miller, Amy [Miller.Amy@epa.gov]

Subject: Coronado Marriott, Ethics Travel Form

Attachments: FILLABLE Ethics Travel Form Stoker CIPA June9.2018.pdf

## Greetings Mike,

I am one of Region 9's personnel attorneys who advises on, among other things, ethics. I work closely with Steven Jawgiel, whom I believe you have already met. I look forward to meeting you in person when the opportunity arises.

Alexis Strauss asked me to forward the attached ethics travel form to you for signature so that I can process this while Steve Jawgiel is out of the office. Please sign this form and return it to me. If the system allows you to designate me as the ethics official, please do so. Otherwise, please send back your signed form in a PDF and I will take it from there.

Please feel free to contact me with any questions.

With regard,

Bea

# BEATRICE WONG

Assistant Regional Counsel

U.S. Environmental Protection Agency, Region 9 75 Hawthorne Street, ORC-1 San Francisco, CA 94105

Telephone: 415-947-3574 Facsimile: 415-947-3570

[This email and its contents may contain non-public and/or confidential information intended to be conveyed to the designated recipient and may be protected under the attorney-client and/or attorney work produce privileges. If you receive this email and are not an intended recipient, please delete this email immediately. The unauthorized use, dissemination, distribution, and/or reproduction of this email and its attachments is strictly prohibited by law.]

Status >>> New Traveler Information (click here to open/close)

|   |  | 1  |   |                                |  |
|---|--|--|---|--------------------------------|--|
| Approval<br>Under Eth   | to Accept Travel<br>sics Reform Act of 1989          |  |   |                                |  |
| <b>Event Location</b>   |  | Traveler's Role 🤨  | _   | _                              |  |
| Coronado Island Ma  | rriott, San Diego, CA                                |  | Official Duty                                 | Outside Activity               |  |
| Travel Starts   |  | Travel Ends  |   |                                |  |
|   | 06/08/2018   |  | 06/09/2018                                    |                                |  |
| Event Sponsor(s   | )<br>CA Independent Petroleur                        | n & Purpose of Event <b>0</b> M  | lembership Meeting                            |                                |  |
| <b>DEO</b> or designee  |  | Consumation of the consumation o |   |                                |  |
| Employee Name   | Michael Stoker                                       | Spousal expenses included?   | Yes No  |                                |  |
| Title   | Region 9 Administrator                               |  |   |                                |  |
| Organization  | EPA  |  |   |                                |  |
| Phone Number  |  |  |   |                                |  |
| Who is the non-f  | ederal person(s) or en                               | ntity(s) paying travel exp   | enses? 0                                      |                                |  |
| Name of Organiz   | ation: California Independ                           | ent Petroleum Association  |   |                                |  |
|   | St, Fl 6, Sacramento, CA 958                         |  |   |                                |  |
| What kind of ent  | ······   |  |   |                                |  |
| ofor-profit   | ~  | overnment 📿 College/Unive  | •   |                                |  |
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| organization, desc<br>be largely made up  | ribe the membership of t<br>p of companies which pro | wel expenses. If the source<br>he organization. For exampoduce chemicals regulated bus.<br>(You can attach files below.  | ole, the "Center for s<br>y your program or i | Sound Science" may             |  |
| Trade association of independent petroleum and natural gas producers, service companies, and royalty owners in California |  |  |   |                                |  |
| decision, such as   |  | pending before you for<br>agreement matter, permit,<br>f travel expenses cannot be   | Yes No  |                                |  |
| assistance agreei   | ing share)? If "Yes", the                            | GRANT (including a   | Yes • No                                      |                                |  |
| Is this source oth participate?   | nerwise affected by EPA r                            | natters in which you   | Yes  No                                       |                                |  |
|   | e the matter and attach                              |  |   |                                |  |
| Itemization of b  | enerits <b>U</b>                                     | Amount & M<br>IN KINI  | ETHOD of paymer                               | nt <b>0</b><br>IN CASH         |  |
|   |  | ticket, meals etc., est. the   |   |                                |  |
| Common carrie   | r transportation                                     | \$ 376.  | 80  | \$ 0.00                        |  |
| Meals   |  | \$ 0.  | 00  | \$ 0.00                        |  |
| Lodging   |  | \$ 295.  | 26  | \$ 0.00                        |  |
| Local transporta  | ation  | \$ 0.  | 00  | \$ 0.00                        |  |
| Waiver of fees  | 0  | \$ 0.  | 00  | \$ 0.00                        |  |
| Other (specify)   |  | \$ 0.  | 00  | \$ 0.00                        |  |
|   |  | Sub Total \$ 672.  | 06  | Sub Total \$ 0.00              |  |
|   |  |  | TOTAL   | <b>*** *** *** ** ** * * *</b> |  |

| (NOTE: For travel outside the United States, different rules may app   |       |  |  |  |  |
|--|-------|--|--|--|--|
| Does this amount exceed the amount payable under Federal Travel Regulations? (see http://www.gsa.gov for per diem rates) |       |  |  |  |  |
| Any other explanations or attachments $oldsymbol{0}$   |       |  |  |  |  |
| Lodging is at conference site, at conference-negotiated rate.  |       |  |  |  |  |
| Traveler's Certification   |       |  |  |  |  |
| Ву: 👗  | Date: |  |  |  |  |

From: Nitsch, Chad [Nitsch.Chad@epa.gov]

**Sent**: 7/19/2018 8:02:41 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

CC: Richardson, RobinH [Richardson.RobinH@epa.gov]; Lyons, Troy [lyons.troy@epa.gov]; Aarons, Kyle

[Aarons.Kyle@epa.gov]

**Subject**: FW: Ethics docs for release

Attachments: Stoker Ethics Pledge 7\_17\_18.pdf; Michael Stoker Signed Recusal Statement 6\_4\_18.pdf

Mike,

Nice to meet you in DC at the SLC. Per our conversation, here is the ethics pledge and recusal statement that OCIR will be sending to the Hill.

Thank you,

Chad Nitsch
State and Regional Partnerships
Office of Congressional and Intergovernmental Relations
United States Environmental Protection Agency
202-564-4714

From: Aarons, Kyle

**Sent:** Wednesday, July 18, 2018 12:44 PM **To:** Nitsch, Chad < Nitsch. Chad@epa.gov> **Subject:** RE: Ethics docs for release

Sorry, I missed Michael Stoker's pledge.

Kyle Aarons Congressional Affairs U.S. Environmental Protection Agency 202-564-7351

From: Aarons, Kyle

**Sent:** Wednesday, July 18, 2018 12:42 PM **To:** Nitsch, Chad < <u>Nitsch.Chad@epa.gov</u>>

Subject: Ethics docs for release

Hi Chad – We have some additional ethics docs set for release to the hill and via FOIA on Friday:

Michael Stoker's recusal statement Doug Benevento's updated recusal statement Emily Lindley's impartiality determination

Please let these folks know.

Thanks, Kyle Kyle Aarons Congressional Affairs U.S. Environmental Protection Agency 202-564-7351

From: Microsoft Outlook [MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@usepa.onmicrosoft.com]

**Sent**: 6/27/2018 5:59:02 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Meeting Forward Notification: Hold for Ethics

**Location**: R9SF-VTCRoom-19333-10-Big Pine

**Start**: 7/2/2018 7:30:00 PM **End**: 7/2/2018 8:00:00 PM

Recurrence: (none)

# Your meeting was forwarded

<u>Correa, Laura</u> has forwarded your meeting request to additional recipients.

Meeting

Hold for Ethics

Meeting Time

Monday, 02 July 2018 12:30-13:00.

Recipients

Strauss, Alexis

Jordan, Deborah

Quast, Sylvia

All times listed are in the following time zone: (UTC-08:00) Pacific Time (US & Canada)

Sent by Microsoft Exchange Server

From: Strauss, Alexis [Strauss.Alexis@epa.gov]

**Sent**: 6/27/2018 5:33:31 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Accepted: Hold for Ethics

**Start**: 7/2/2018 7:30:00 PM **End**: 7/2/2018 8:00:00 PM

From: Strauss, Alexis [Strauss.Alexis@epa.gov]

**Sent**: 6/27/2018 5:33:27 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Accepted: Hold for Ethics

**Start**: 7/2/2018 4:30:00 PM **End**: 7/2/2018 5:00:00 PM

From: Microsoft Outlook [MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@usepa.onmicrosoft.com]

**Sent**: 6/27/2018 4:01:39 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Meeting Forward Notification: Hold for Ethics

**Start**: 7/2/2018 7:30:00 PM **End**: 7/2/2018 8:00:00 PM

Recurrence: (none)

# Your meeting was forwarded

Correa, Laura has forwarded your meeting request to additional recipients.

Meeting

Hold for Ethics

**Meeting Time** 

Monday, 02 July 2018 12:30-13:00.

Recipients

Strauss, Alexis

Jordan, Deborah

All times listed are in the following time zone: (UTC-08:00) Pacific Time (US & Canada)

Sent by Microsoft Exchange Server

From: Microsoft Outlook [MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@usepa.onmicrosoft.com]

**Sent**: 6/27/2018 4:01:18 PM

To: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Meeting Forward Notification: Hold for Ethics

**Start**: 7/2/2018 4:30:00 PM **End**: 7/2/2018 5:00:00 PM

Recurrence: (none)

# Your meeting was forwarded

Correa, Laura has forwarded your meeting request to additional recipients.

Meeting

Hold for Ethics

**Meeting Time** 

Monday, 02 July 2018 09:30-10:00.

Recipients

Strauss, Alexis

Jordan, Deborah

All times listed are in the following time zone: (UTC-08:00) Pacific Time (US & Canada)

Sent by Microsoft Exchange Server

From: Miller, Amy [Miller.Amy@epa.gov]

**Sent**: 9/20/2018 12:16:49 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

Subject: Accepted: RA travel ethics

Location: 19333

**Start**: 9/26/2018 3:30:00 PM **End**: 9/26/2018 4:00:00 PM

From: Hage, Christopher [hage.christopher@epa.gov]

**Sent**: 9/19/2018 5:14:48 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

Subject: Accepted: RA travel ethics

Location: 19333

**Start**: 9/26/2018 3:30:00 PM **End**: 9/26/2018 4:00:00 PM

From: Strauss, Alexis [Strauss.Alexis@epa.gov]

**Sent**: 9/19/2018 5:07:31 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

Subject: Accepted: RA travel ethics

Location: 19333

**Start**: 9/26/2018 3:30:00 PM **End**: 9/26/2018 4:00:00 PM

From: Hage, Christopher [hage.christopher@epa.gov]

**Sent**: 9/19/2018 4:41:28 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Accepted: RA travel ethics briefing

Location: 19333

**Start**: 10/2/2018 4:00:00 PM **End**: 10/2/2018 4:30:00 PM

From: Strauss, Alexis [Strauss.Alexis@epa.gov]

**Sent**: 9/19/2018 4:12:29 PM

**To**: Stoker, Michael B. [stoker.michael@epa.gov]

**Subject**: Accepted: RA travel ethics briefing

Location: 19333

**Start**: 10/2/2018 4:00:00 PM **End**: 10/2/2018 4:30:00 PM

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 6/19/2018 1:36:01 PM

To: Miller, Amy [Miller.Amy@epa.gov]
Subject: Fwd: Integrity.gov: User Provisioning

# Sent from my iPhone

# Begin forwarded message:

From: Integrity.gov < notifications@integrity.gov >

Date: June 5, 2018 at 1:27:21 PM PDT

**To:** <stoker.michael@epa.gov>

Subject: Integrity.gov: User Provisioning

**Reply-To:** <u>Integrity.gov</u> Notification < <u>notifications@integrity.gov</u>>

Dear Michael Stoker,

You are registered to use Integrity, <a href="https://integrity.gov">https://integrity.gov</a>. It is a secure, online system the U.S. Office of Government Ethics created for electronically filing and reviewing public financial disclosure reports (OGE Form 278, OGE Form 278-T).

# Login:

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From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 6/19/2018 1:35:38 PM

To: Miller, Amy [Miller.Amy@epa.gov]
Subject: Fwd: Integrity.gov: Report Assigned

Sent from my iPhone

Begin forwarded message:

From: Integrity.gov < notifications@integrity.gov >

Date: June 6, 2018 at 6:52:45 AM PDT

**To:** <stoker.michael@epa.gov>

Subject: Integrity.gov: Report Assigned

Reply-To: Integrity.gov Notification <notifications@integrity.gov>

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Your current <u>MAX.gov</u> ID is your EPA email address. If you are departing EPA, then you need to write to <u>ethics@epa.gov</u> and provide a non-EPA email address. We have to update your accounts for you that aren't based on the EPA email address.

If you've never used  $\underline{MAX.gov}$ , then you'll be prompted to create a password. If you have used  $\underline{MAX.gov}$  before, then use the password you already created to access your account (or reset that password if you forgot or it's now expired).

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For problems with MAX.gov, contact them directly for assistance

at: MAXSupport@max.gov You can also call them at 202-395-6860

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annually.

If you used INTEGRITY to file your 278Ts, then you can pre-populate your annual or termination reports. Otherwise, you have to enter those transactions yourself. For additional guidance about filling out the OGE-278 annual and OGE-278-T periodic financial disclosure form, see: <a href="https://www2.oge.gov/Web/278eGuide.nsf">https://www2.oge.gov/Web/278eGuide.nsf</a> or the OGC/Ethics intranet site at <a href="http://intranet.epa.gov/ogc/Integrity/Landingpage.html">http://intranet.epa.gov/ogc/Integrity/Landingpage.html</a>.

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 5/25/2018 7:26:37 AM

To: rock@cipa.org

CC: Munoz, Charles [munoz.charles@epa.gov]Subject: Fwd: Ethics form for travel and other benefitsAttachments: FILLABLE Ethics Travel Form.pdf; ATT00001.htm

## Rock,

Can you please have your folks fill in the information that my folks need to review? I need this information ASAP. Please email to Charles Munoz whom I have cc'd.

Best regards,

Mike

## Sent from my iPhone

## Begin forwarded message:

From: "Miller, Amy" < Miller. Amy@epa.gov> Date: May 24, 2018 at 7:11:08 AM PDT

To: "Stoker, Michael B." < stoker.michael@epa.gov> Subject: Ethics form for travel and other benefits

Amy C. Miller
Chief of Staff and Agric. Advisor
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 5/24/2018 7:06:42 PM

To: Munoz, Charles [munoz.charles@epa.gov]

Subject: Fwd: Ethics form for travel and other benefits

Attachments: FILLABLE Ethics Travel Form.pdf; ATT00001.htm

## Sent from my iPhone

## Begin forwarded message:

From: "Stoker, Michael B." < stoker.michael@epa.gov>

Date: May 24, 2018 at 7:14:19 AM PDT

To: "rock@cipa.org" <rock@cipa.org>, "Miller, Amy" <Miller.Amy@epa.gov>

Subject: Fwd: Ethics form for travel and other benefits

### Rock,

Can you have your folks fill out the information needed for us to submit? You can return to my COS, Amy Miller, who is copied with this email. Feel free to call me if you have any questions. Best regards,

Mike

Sent from my iPhone

## Begin forwarded message:

From: "Miller, Amy" < Miller. Amy@epa.gov> Date: May 24, 2018 at 7:11:08 AM PDT

To: "Stoker, Michael B." < stoker.michael@epa.gov> Subject: Ethics form for travel and other benefits

Amy C. Miller
Chief of Staff and Agric. Advisor
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 5/24/2018 2:14:19 PM

To: rock@cipa.org; Miller, Amy [Miller.Amy@epa.gov]

Subject: Fwd: Ethics form for travel and other benefits

Attachments: FILLABLE Ethics Travel Form.pdf; ATT00001.htm

### Rock,

Can you have your folks fill out the information needed for us to submit? You can return to my COS, Amy Miller, who is copied with this email. Feel free to call me if you have any questions.

Best regards,

Mike

Sent from my iPhone

Begin forwarded message:

From: "Miller, Amy" < Miller. Amy@epa.gov>
Date: May 24, 2018 at 7:11:08 AM PDT

To: "Stoker, Michael B." < stoker.michael@epa.gov> Subject: Ethics form for travel and other benefits

Amy C. Miller
Chief of Staff and Agric. Advisor
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 5/24/2018 1:13:17 PM

**To**: Miller, Amy [Miller.Amy@epa.gov]

**Subject**: Re: CIPA Annual Meeting

Good morning best COS ever. Are we going to compete for who can get the least amount of sleep? Right now let's plan on flying back option and get it cleared ethically. See you at 8.

Sent from my iPhone

On May 24, 2018, at 5:52 AM, Miller, Amy < Miller. Amy@epa.gov > wrote:

That is correct (re flying from LA). Another option 0n #2 is we go to LA office friday and at mid day pick up your car at burbank airport and I fly Home and you drive to san diego (you would get paid for your mileage there)

Sent from my iPhone

On May 24, 2018, at 1:59 AM, Stoker, Michael B. <stoker.michael@epa.gov> wrote:

Looks good. As for 2, I will take train to Burbank. As for 3, I was advised I could fly out of LA, even if it was more, but I would have to pay the difference.

Mike

Sent from my iPhone

On May 23, 2018, at 10:30 PM, Miller, Amy < Miller. Amy @epa.gov > wrote:

Mike: The week after Hawaii this is what your schedule looks like:

June 4- Fly to SFO from Burbank - San Francisco- internal meetings

June 5- San Francisco- internal meetings, NDEP, leave for Phoenix, AZ

June 6- Rio Salado, Phoenix, AZ

June 7-Rio Salado, Phoenix, AZ, ADEQ (PPG Event), City of Phoenix- Local

Foods Local Places, Fly to San Diego

June 8-San Diego Field Office, internal briefings, CIPA event

June 9 – San Diego CIPA event speech, return to home.

June 10 - Leave for RA meeting- Chicago, IL

# Several scheduling issues:

- I would recommend that you not go down to Huntington Beach on June 5<sup>th</sup> to meet with Congressman Rohrabacher (as discussed in previous email). I think it is more important to meet in person with NDEP. We can arrange a future meeting with the Congressman.
- CIPA meeting. As we discussed I need to fill out ethics form. Below explains how your travel would be paid. You had proposed to me that they pay your hotel for Friday and your travel back to Santa Barbara. Based on the schedule above, you will not that your car will be in Burbank. How about if we rent

- car in San Diego and you return it to Burbank? I am thinking it may be easier to have just your hotel paid for by the organization. (Alexis is there any issues with this).
- 3. Lastly for RA meeting and my understanding of your weekend plans you would like to fly out of Los Angeles. This would be contingent on it being comparable to SF ticket.

Amy C. Miller
Chief of Staff and Ag Liaison
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

From: Jawgiel, Steven

Sent: Tuesday, May 22, 2018 12:22 PMTo: Miller, Amy < Miller. Amy@epa.gov >Cc: Strauss, Alexis < Strauss. Alexis@epa.gov >

Subject: RE: CIPA Annual Meeting

Good morning Amy.

Pending OGC Ethics Office approval of Mike's EPA Ethics Travel Form, Mike may speak at this event and accept travel-related gifts from CIPA. It's worth noting, Mike will not be accepting the travel costs as a personal gift. Instead, CIPA will be gifting EPA under applicable provisions of GSA's travel regulations. Therefore, Mike may not personally pay for or personally accept any travel reimbursements from CIPA. He will need to be on an approved TA, and CIPA will either need to pay for the travel-related expenses directly (listed as in-kind on the form) or CIPA will need to reimburse EPA for the covered travel costs. You will need to discuss EPA's reimbursement mechanisms with your AO.

In order to obtain approval under the GSA travel regulations, Mike needs to submit the attached ethics travel form. I attached a PDF fillable ethics travel form that you may fill out for Mike. However, I need Mike to certify the form. After signing the form, he or you may email me a PDF copy of the completed form. As you will see on the form, you will need to determine the cost of the items covered by CIPA. Also, you will need to determine if CIPA is going pay for these items directly or if they plan to reimburse EPA for the costs. In order to expedite the approval process, it is also very helpful if you include a sentence or two about the topics Mike will be discussing in the "Describe the entity paying for the travel costs" section near the middle of the form. You should return the completed form to me for my initial review and recommendation. Thereafter, I will forward the form to

OGC Ethics for their review and approval/denial of the request. Except in unforeseen circumstances, as discussed in yesterday's ethics briefing, Mike will need to obtain OGC Ethics' approval before going on this type of invitational travel.

Lastly, please keep in mind that EPA employees and officials may not solicit travel costs from non-federal entities, because those solicitations will be considered a misuse of the employee's official position. For example, Mike wants to avoid ever saying, "I will speak at your event if you pay for my travel costs." It is acceptable, for Mike to inquire whether the invitation package includes travel costs like Mike did below. However, it is best for Mike to let the event sponsor offer the travel costs first, or for Mike to say "I would like to participate, but Region 9 does not have sufficient travel funds for me to attend", and let the event sponsor respond by making the offer to cover the travel costs.

Don't hesitate to contact me with any questions. Thanks!

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105

T: (415) 972-3876 F: (415) 947-3570

E: jawgiel.steven@epa.gov

This email, including any attachments, may contain non-public, privileged and/or confidential information solely intended to be conveyed to the designated recipient(s). If you receive this email and are not an intended recipient, please contact me immediately. The unauthorized use, dissemination, distribution, or reproduction of this email and its attachments is strictly prohibited by law.

From: Miller, Amy

Sent: Monday, May 21, 2018 9:35 PM

**To:** Jawgiel, Steven < <u>Jawgiel.Steven@epa.gov</u>> **Cc:** Strauss, Alexis < <u>Strauss.Alexis@epa.gov</u>>

Subject: FW: CIPA Annual Meeting

Please advise us if he can attend and if we need to fill out a the form.

It appears he is speaking.
I am not clear from email if we would pay travel

Amy C. Miller Chief of Staff and Ag Liaison Office of Regional Administrator U.S. Environmental Protection Agency, Region IX (415) 947-4198 miller.amy@epa.gov

From: mikestoker@aol.com [mailto:mikestoker@aol.com]

Sent: Monday, May 21, 2018 4:03 PM
To: Miller, Amy < Miller.Amy@epa.gov >
Subject: Fwd: CIPA Annual Meeting

Sent from my iPhone

Begin forwarded message:

From: Laura Wilkin < <a href="mailto:lwilkin@cipa.org">lwilkin@cipa.org</a>>
Date: May 18, 2018 at 12:34:38 PM PDT
To: Rock Zierman < <a href="mailto:rock@cipa.org">rock@cipa.org</a>>,

"mikestoker@aol.com" <mikestoker@aol.com>

**Subject: RE: CIPA Annual Meeting** 

Mike:

Our Annual Meeting will be June 7-10 at the Coronado Island Marriott in San Diego. (I've attached some information with the full schedule of events for your reference.) If you're available to speak at our General Session, that would be mid-morning on Saturday, June 9.

The hotel is nearly sold out for the weekend, so if you think you'll need a room for Friday night (June 8), I should book that now. But if you'd rather just play it by ear and potentially end up staying elsewhere, that's fine too. Please let me know either way.

I'm happy to answer any other questions you have about the meeting.

Congratulations on your appointment and good luck in your new position.

Laura

----Original Message-----From: Rock Zierman

Sent: Friday, May 18, 2018 11:12 AM

To: mikestoker@aol.com

Cc: Laura Wilkin < <a href="mailto:lwilkin@cipa.org">lwilkin@cipa.org</a> Subject: RE: CIPA Annual Meeting

Saw the press release. Congrats! Laura will send info.

Best, Rock

# ----Original Message----From: mikestoker@aol.com [mailto:mikestoker@aol.com] Sent: Friday, May 18, 2018 11:02 AM To: Rock Zierman < rock@cipa.org> Subject: Re: CIPA Annual Meeting Plz resend info re your annual convention. Appointment happened today. Will be in SF next week and go get my schedule. Mike Sent from my iPhone > On Apr 20, 2018, at 9:40 PM, Rock Zierman <rock@cipa.org> wrote: > Featured speaker. Yes, we can cover any expenses. I'll have our events director email you. Thanks! > > Rock > > Sent from my iPhone >> On Apr 20, 2018, at 10:18 AM, Mike Stoker <mikestoker@aol.com> wrote: >> >> Do you want me to just attend or to be the featured speaker. If the speaker agency reimburses for travel costs. If you want me as speaker let's tentatively plan on it. Send me the details. >> Mike. >> >> Sent from my iPad >>> On Apr 20, 2018, at 8:34 AM, Rock Zierman <rock@cipa.org> wrote: >>> >>> I've been working with Brittney Bolen at HQ on getting someone from EPA to my Annual Meeting as a featured speaker in June in San Diego. I know you'll be

>>> I'll try and get down for the COLAB dinner. Should be fun!

drinking out of a firehose the first few months, but if it works out with your schedule, we'd love to have you.

Saturday, June 9, about 500 attendees.

>>> >>> Rock >>> >>> Sent from my iPhone >>

<FILLABLE Ethics Travel Form.pdf>

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 5/24/2018 8:59:05 AM

**To**: Miller, Amy [Miller.Amy@epa.gov]

**Subject**: Re: CIPA Annual Meeting

Looks good. As for 2, I will take train to Burbank. As for 3, I was advised I could fly out of LA, even if it was more, but I would have to pay the difference.

Mike

Sent from my iPhone

On May 23, 2018, at 10:30 PM, Miller, Amy < Miller. Amy@epa.gov > wrote:

Mike: The week after Hawaii this is what your schedule looks like:

June 4- Fly to SFO from Burbank - San Francisco- internal meetings

June 5- San Francisco- internal meetings, NDEP, leave for Phoenix, AZ

June 6- Rio Salado, Phoenix, AZ

June 7-Rio Salado, Phoenix, AZ, ADEQ (PPG Event), City of Phoenix- Local Foods Local Places, Fly to San Diego

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June 9 – San Diego CIPA event speech, return to home.

June 10 – Leave for RA meeting- Chicago, IL

### Several scheduling issues:

- 1. I would recommend that you not go down to Huntington Beach on June 5<sup>th</sup> to meet with Congressman Rohrabacher (as discussed in previous email). I think it is more important to meet in person with NDEP. We can arrange a future meeting with the Congressman.
- 2. CIPA meeting. As we discussed I need to fill out ethics form. Below explains how your travel would be paid. You had proposed to me that they pay your hotel for Friday and your travel back to Santa Barbara. Based on the schedule above, you will not that your car will be in Burbank. How about if we rent car in San Diego and you return it to Burbank? I am thinking it may be easier to have just your hotel paid for by the organization. (Alexis is there any issues with this).
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Amy C. Miller
Chief of Staff and Ag Liaison
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

From: Jawgiel, Steven

Sent: Tuesday, May 22, 2018 12:22 PMTo: Miller, Amy < Miller. Amy@epa.gov >Cc: Strauss, Alexis < Strauss. Alexis@epa.gov >

Subject: RE: CIPA Annual Meeting

# Good morning Amy.

Pending OGC Ethics Office approval of Mike's EPA Ethics Travel Form, Mike may speak at this event and accept travel-related gifts from CIPA. It's worth noting, Mike will not be accepting the travel costs as a personal gift. Instead, CIPA will be gifting EPA under applicable provisions of GSA's travel regulations. Therefore, Mike may not personally pay for or personally accept any travel reimbursements from CIPA. He will need to be on an approved TA, and CIPA will either need to pay for the travel-related expenses directly (listed as in-kind on the form) or CIPA will need to reimburse EPA for the covered travel costs. You will need to discuss EPA's reimbursement mechanisms with your AO.

In order to obtain approval under the GSA travel regulations, Mike needs to submit the attached ethics travel form. I attached a PDF fillable ethics travel form that you may fill out for Mike. However, I need Mike to certify the form. After signing the form, he or you may email me a PDF copy of the completed form. As you will see on the form, you will need to determine the cost of the items covered by CIPA. Also, you will need to determine if CIPA is going pay for these items directly or if they plan to reimburse EPA for the costs. In order to expedite the approval process, it is also very helpful if you include a sentence or two about the topics Mike will be discussing in the "Describe the entity paying for the travel costs" section near the middle of the form. You should return the completed form to me for my initial review and recommendation. Thereafter, I will forward the form to OGC Ethics for their review and approval/denial of the request. Except in unforeseen circumstances, as discussed in yesterday's ethics briefing. Mike will need to obtain OGC Ethics' approval before going on this type of invitational travel.

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Don't hesitate to contact me with any questions. Thanks!

Steven L. Jawgiel Assistant Regional Counsel U.S. EPA, Region IX 75 Hawthorne Street, ORC-1 San Francisco, California 94105 T: (415) 972-3876

F: (415) 947-3570

E: jawqiel.steven@epa.gov

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immediately. The unauthorized use, dissemination, distribution, or reproduction of this email and its attachments is strictly prohibited by law.

From: Miller, Amy

Sent: Monday, May 21, 2018 9:35 PM

**To:** Jawgiel, Steven < <u>Jawgiel.Steven@epa.gov</u>> **Cc:** Strauss, Alexis < <u>Strauss.Alexis@epa.gov</u>>

Subject: FW: CIPA Annual Meeting

Please advise us if he can attend and if we need to fill out a the form.

It appears he is speaking.
I am not clear from email if we would pay travel

Amy C. Miller
Chief of Staff and Ag Liaison
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

From: mikestoker@aol.com [mailto:mikestoker@aol.com]

Sent: Monday, May 21, 2018 4:03 PM
To: Miller, Amy < Miller. Amy@epa.gov >
Subject: Fwd: CIPA Annual Meeting

Sent from my iPhone

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From: Laura Wilkin < <a href="mailto:lwilkin@cipa.org">lwilkin@cipa.org</a> Date: May 18, 2018 at 12:34:38 PM PDT

**To:** Rock Zierman < rock@cipa.org >, "mikestoker@aol.com" < mikestoker@aol.com >

**Subject: RE: CIPA Annual Meeting** 

Mike:

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I'm happy to answer any other questions you have about the meeting.

Congratulations on your appointment and good luck in your new position. Laura

```
----Original Message----
From: Rock Zierman
Sent: Friday, May 18, 2018 11:12 AM
To: mikestoker@aol.com
Cc: Laura Wilkin < lwilkin@cipa.org>
Subject: RE: CIPA Annual Meeting
Saw the press release. Congrats! Laura will send info.
Best,
Rock
----Original Message----
From: mikestoker@aol.com [mailto:mikestoker@aol.com]
Sent: Friday, May 18, 2018 11:02 AM
To: Rock Zierman < rock@cipa.org>
Subject: Re: CIPA Annual Meeting
Plz resend info re your annual convention. Appointment happened today. Will be in SF
next week and go get my schedule.
Mike
Sent from my iPhone
> On Apr 20, 2018, at 9:40 PM, Rock Zierman < rock@cipa.org> wrote:
> Featured speaker. Yes, we can cover any expenses. I'll have our events director email
you. Thanks!
>
> Rock
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>> On Apr 20, 2018, at 10:18 AM, Mike Stoker <mikestoker@aol.com> wrote:
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>> Do you want me to just attend or to be the featured speaker. If the speaker agency
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Annual Meeting as a featured speaker in June in San Diego. I know you'll be drinking out
of a firehose the first few months, but if it works out with your schedule, we'd love to
have you. Saturday, June 9, about 500 attendees.
```

>>>

```
>>> I'll try and get down for the COLAB dinner. Should be fun!
>>>
>>> Rock
>>>
>>> Sent from my iPhone
>>
```

<FILLABLE Ethics Travel Form.pdf>

#### Message

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 7/10/2018 9:35:18 PM

To: Strauss, Alexis [Strauss.Alexis@epa.gov]; Quast, Sylvia [Quast.Sylvia@epa.gov]

**Subject**: Re: draft memo to Ryan Jackson

Thx. Is it possible to do a memo from you and Sylvia to me based on at my request your review and opinion regarding me changing my duty station from SF to LA? Will have more clout coming from you two.

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jul 10, 2018, at 1:51 PM, Strauss, Alexis <<u>Strauss.Alexis@epa.gov</u>> wrote:

Mike, I've had Deborah and Sylvia look at this draft. I'm leaving a copy on your desk for you to look at tomorrow.

**Alexis** 

Subject: Regional Administrator Duty Station

From: Michael B. Stoker

Regional Administrator

To: Ryan Jackson

Chief of Staff

In my first two months as Regional Administrator, I've made it a priority to visit each of our EPA offices (San Francisco, Los Angeles, San Diego, and Honolulu) while being an effective external leader for our organization. Looking at the pattern of my various meetings and associated travel, I'd like to revisit the discussion we began before my appointment with regard to my official duty station. I am very focused on our strategic priorities of Superfund clean-ups, engagement with Tribes, and Mexican Border infrastructure, which for the coming year, lend themselves to a greater Southern California presence. I ask for your support of a one-year trial period in which my duty station is temporarily changed to our So. California Field Office in Los Angeles.

During this one-year trial period, we would continue to monitor the effectiveness of my engagement with direct reports, who join me to support a broad panoply of meetings and in travelling to tribes, states and other partners. I anticipate I would spend roughly half my time traveling and split the other half among the Region 9 offices, with approximately 20% of my time in the San Francisco office and most of the remainder in Los Angeles.

My support team has closely tracked my travel expenses by trip and by month, noting in most cases the lower cost of travel via Los Angeles compared with San Francisco; this information is documented on every travel authorization. I have convened monthly meetings with my Regional ethics counsel to be updated on EPA and federal requirements, to ensure all my actions reflect full compliance with our requirements.

A quick summary of my first two months' calendar and projected fourth-quarter calendar shows the following:

| Month<br>leave      | Days in | San Francisco | Los Angeles | San Diego | Honolulu | Travel and |
|---------------------|---------|---------------|-------------|-----------|----------|------------|
| May<br>June         |         | 2             | 2           | 0         | 1<br>0   | 3<br>11    |
| July                |         | 2             | 6           | 0         | 0        | 9          |
| August<br>September |         | 0<br>6        | 1<br>2      | 1<br>0    | 3<br>0   | 15<br>9    |

Thus, travel and leave account for roughly 60% of my time during this period, with San Francisco at 22% and Los Angeles at 14%.

I welcome the opportunity to discuss this with you when attending next week's senior leadership meetings in EPA HQ.

Cc: Ken Wagner?
Charles Munoz?

#### Message

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 7/6/2018 6:19:35 PM

**To**: Strauss, Alexis [Strauss.Alexis@epa.gov]

CC: Correa, Laura [correa.laura@epa.gov]; Miller, Amy [Miller.Amy@epa.gov]

Subject: Re: training



Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jul 6, 2018, at 9:39 AM, Strauss, Alexis < Strauss. Alexis@epa.gov > wrote:

I have scheduled an afternoon of Telework on your calendar when you return from your Morro Bay National Estuary tour on Thursday August 2, and will find another such time in September.

Alexis Strauss E.P.A. Region 9 75 Hawthorne Street San Francisco, CA 94105 415-972-3572

From: Stoker, Michael B.

Sent: Friday, July 6, 2018 9:30 AM

To: Correa, Laura < correa.laura@epa.gov >; Strauss, Alexis < Strauss.Alexis@epa.gov >; Miller, Amy

<Miller.Amy@epa.gov>

Subject:

Laura,

Let's schedule a Telework day on an upcoming Monday or Thursday. I completed yesterday the following course: Travel Card Training, Telework 101 for Managers, EPA Anti-Harassment Procedures, 2018 COOP Awareness Training and Prohibited Personnel Practices eLearning. I still need to complete within 90 days of hire (which would be August 21) the following: Essential Ethics, FY 18 FOIA, FY 2018 Annual Records Management, The No FEAT Act, US Constitution and Workplace Safety.

Thx, Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

#### Message

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 8/12/2018 7:16:13 PM

To: Miller, Amy [Miller.Amy@epa.gov]; Strauss, Alexis [Strauss.Alexis@epa.gov]; Hage, Christopher

[hage.christopher@epa.gov]

Subject: Fwd: UPCOMING ETHICS TRAININGS

Attachments: Overview of Embedding Ethics into Calendaring Process.docx; ATT00001.htm

#### Amy,

Plz review and make sure you advise me what and when I need to take training.

Thx,
Michael Stoker
EPA Regional Administrator-Region 9
Cell (213) 215-3104

#### Begin forwarded message:

From: "Jackson, Ryan" <<u>jackson.ryan@epa.gov</u>> **Date:** August 10, 2018 at 6:20:47 AM GMT-11

To: "Wheeler, Andrew" <wheeler.andrew@epa.gov>, "Darwin, Henry" <darwin.henry@epa.gov>, "Wehrum, Bill" <Wehrum.Bill@epa.gov>, "Greaves, Holly" <greaves.holly@epa.gov>, "Beck, Nancy" <&c. Nancy@epa.gov>, "Bodine, Susan" <bodine.susan@epa.gov>, "Leopold, Matt (OGC)" <<c. Nancy@epa.gov>, "McIntosh, Chad" <mcintosh.chad@epa.gov>, "Cook, Steven" <c. Nancy@epa.gov>, "Wright, Peter" <wright.peter@epa.gov>, "Yamada, Richard (Yujiro)" <v. Nancy@epa.gov>, "Ross, David P" <ross.davidp@epa.gov>, "Bolen, Brittany" <bolen.brittany@epa.gov>, "Lyons, Troy" <lyons.troy@epa.gov>, "Dunn, Alexandra" <dunn.alexandra@epa.gov>, "Lopez, Peter" <lopez.peter@epa.gov>, "Servidio, Cosmo" <</li>
Servidio.Cosmo@epa.gov>, "Idsal, Anne" <idsal.anne@epa.gov>, "Gulliford, Jim" <gulliford.jim@epa.gov>, "Benevento, Douglas" <br/>
benevento, Douglas" <br/>
benevento.douglas@epa.gov>, "Stoker, Michael B." <stoker.michael@epa.gov>, "Hladick, Christopher" <hladick.christopher@epa.gov>, "Baptist, Erik" <a href="mailto:Baptist.Erik@epa.gov">Baptist.Erik@epa.gov</a>>, "Keith, Jennie"
Cc: "Minoli, Kevin" <a href="mailto:Minoli.Kevin@epa.gov">Minoli.Kevin@epa.gov>, "Fugh, Justina" < Fugh.Justina@epa.gov>, "Keith, Jennie"</a>

#### **Subject: UPCOMING ETHICS TRAININGS**

#### Dear Colleagues,

<Keith.Jennie@epa.gov>

As mentioned during the July 19 ethics meeting with speakers from the White House, OGC/Ethics will be conducting training sessions in August on "embedding ethics into the calendaring process." You and your staff must take those trainings and work with your respective ethics officials to integrate ethics review into your scheduling process. Attached is a one-page summary of the effort.

Be sure to read emails from Kevin Minoli, Justina Fugh, and/or Jennie Keith of OGC/Ethics and ensure that you all receive the necessary training. We need to complete the training as quickly as possible.

Ryan

Ryan Jackson Chief of Staff U.S. Environmental Protection Agency

(202) 564-6999

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 8/10/2018 10:18:04 PM

**To**: Strauss, Alexis [Strauss.Alexis@epa.gov]

CC: Jordan, Deborah [Jordan.Deborah@epa.gov]; Hage, Christopher [hage.christopher@epa.gov]; Miller, Amy

[Miller.Amy@epa.gov]; Correa, Laura [correa.laura@epa.gov]

Subject: Re: UPCOMING ETHICS TRAININGS



Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Aug 10, 2018, at 10:36 AM, Strauss, Alexis < Strauss. Alexis@epa.gov> wrote:

We shall ensure this training is on your schedule and guides our actions.

Sent from my iPhone

On Aug 10, 2018, at 2:33 PM, Stoker, Michael B. <stoker.michael@epa.gov> wrote:

Amy/Alexis, FYI...

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

Begin forwarded message:

From: "Jackson, Ryan" <jackson.ryan@epa.gov> **Date:** August 10, 2018 at 6:20:47 AM GMT-11 To: "Wheeler, Andrew" <wheeler.andrew@epa.gov>, "Darwin, Henry" <darwin.henry@epa.gov>, "Wehrum, Bill" <Wehrum.Bill@epa.gov>, "Greaves, Holly" <greaves.holly@epa.gov>, "Beck, Nancy" <Beck.Nancy@epa.gov>, "Bodine, Susan" <bodine.susan@epa.gov>, "Leopold, Matt (OGC)" < Leopold.Matt@epa.gov>, "McIntosh, Chad" <mcintosh.chad@epa.gov>, "Cook, Steven" <cook.steven@epa.gov>, "Wright, Peter" <wright.peter@epa.gov>, "Yamada, Richard (Yujiro)" <yamada.richard@epa.gov>, "Ross, David P" <ross.davidp@epa.gov>, "Bolen, Brittany" <bolen.brittany@epa.gov>, "Lyons, Troy" <lyons.troy@epa.gov>, "Dunn, Alexandra" <dunn.alexandra@epa.gov>, "Lopez, Peter" <lopez.peter@epa.gov>, "Servidio, Cosmo" <<u>Servidio.Cosmo@epa.gov</u>>, "Glenn, Trey" <Glenn.Trey@epa.gov>, "Stepp, Cathy" <stepp.cathy@epa.gov>, "Idsal, Anne" <idsal.anne@epa.gov>, "Gulliford, Jim" <gulliford.jim@epa.gov>, "Benevento, Douglas" < benevento.douglas@epa.gov >, "Stoker, Michael B." <stoker.michael@epa.gov>, "Hladick, Christopher" <hladick.christopher@epa.gov>, "Baptist, Erik" <Baptist.Erik@epa.gov> Cc: "Minoli, Kevin" < Minoli. Kevin@epa.gov>, "Fugh, Justina"

# <<u>Fugh\_Justina@epa.gov</u>>, "Keith, Jennie" <<u>Keith\_Jennie@epa.gov</u>> **Subject: UPCOMING ETHICS TRAININGS**

Dear Colleagues,

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Ryan

Ryan Jackson
Chief of Staff
U.S. Environmental Protection Agency
(202) 564-6999

<Overview of Embedding Ethics into Calendaring Process.docx>

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 6/12/2018 3:50:43 PM

**To**: Strauss, Alexis [Strauss.Alexis@epa.gov]

CC: Miller, Amy [Miller.Amy@epa.gov]; Jordan, Deborah [Jordan.Deborah@epa.gov]; Munoz, Charles

[munoz.charles@epa.gov]

Subject: Re: California Visit

The logistics would be better but I don't think the Administrator wants to do it that way. Mike

Sent from my iPhone

On Jun 12, 2018, at 10:44 AM, Strauss, Alexis <a href="mailto:Strauss.Alexis@epa.gov">Strauss.Alexis@epa.gov</a>> wrote:

Instead, it would be simpler if Mike and Amy fly from HQ to San Francisco on Wed June 27 pm, and host the Administrator in SF on Thursday June 28, then late afternoon fly to Santa Barbara, do the Casmalia event Friday morning and the Reagan Library event Friday afternoon. Charles, if it's possible to arrange the Administrator's visit for June 28, I think the logistics will be easier to arrange.

Alexis Strauss E.P.A. Region 9 75 Hawthorne Street San Francisco, CA 94105 415-972-3572

From: Miller, Amy

Sent: Monday, June 11, 2018 12:10 PM

To: Stoker, Michael B. <stoker.michael@epa.gov>; Jordan, Deborah <Jordan.Deborah@epa.gov>;

Strauss, Alexis < Strauss. Alexis@epa.gov>; Munoz, Charles < munoz. charles@epa.gov>

Subject: RE: California Visit

Mike: Does Pruitt have a need to be in the Bay Area on June 29<sup>th</sup>? If not, perhaps we can suggest a superfund site visit in LA. This would be easier for both of you on travel. If you come back to SF we will cover your travel, but we will not be able to pay for your return trip from SF back to Santa Barbara after the Pruitt visit.

Amy C. Miller
Chief of Staff and Agric. Advisor
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

From: Stoker, Michael B.

Sent: Monday, June 11, 2018 11:54 AM

To: Miller, Amy <Miller. Amy@epa.gov>; Jordan, Deborah <Jordan. Deborah@epa.gov>; Strauss, Alexis

<<u>Strauss.Alexis@epa.gov</u>> **Subject:** Fwd: California Visit

Amy,

If I do this does EPA pick up tab for me flying up to SF and back to SB Friday afterward? Mike

Sent from my iPhone

Begin forwarded message:

From: "Ford, Hayley" < ford.hayley@epa.gov>
Date: June 11, 2018 at 1:37:33 PM CDT

To: "Stoker, Michael B." < stoker.michael@epa.gov>, "Munoz, Charles"

<munoz.charles@epa.gov>

Cc: "Kundinger, Kelly" < kundinger.kelly@epa.gov>, "Bennett, Tate"

<Bennett.Tate@epa.gov>, "Chancellor, Erin" <chancellor.erin@epa.gov>, "Gunasekara,

Mandy" < Gunasekara. Mandy@epa.gov>

Subject: California Visit

Mike/Charles -

We are tentatively tracking the below California visit for the Administrator. Mike, we'd want you to also attend the Region 9 visit so please confirm that you could make this happen. Would love to get your thoughts on any other potential events in these areas that could fit in the schedule while he's out there.

Let us know if the below dates work on your end. Thanks!

#### June 28

Early morning: Fly from CEC in Oklahoma City to California

Late Morning: Casmalia ROD Signing

Early Afternoon: Visit to Reagan Ranch (pending ethics approval, we may need to

substitute this)

Late Afternoon: Fly to San Francisco (or early morning on June 29 depending on

additional events)

#### June 29

Morning: Region 9 Visit

Late Morning/Early Afternoon: One more event (Mandy in OAR copied here has some air-related event ideas, but also if there are any high-profile Superfund sites near the office, he would be interested in visiting these as well)

Early/Late Afternoon: Fly back to DC

### Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 6/12/2018 11:54:29 AM

**To**: Ford, Hayley [ford.hayley@epa.gov]

Subject: Re: California Visit

#### Hayley,

You wanted some background information regarding the group potentially giving the Reagan Ranch tour to the Administrator.

The Reagan Ranch is owned and maintained by The Young America's Foundation. They are a 501 C 3 non-profit. They give private tours out to prominent individuals regardless of party affiliation. Their mission is essentially to teach our youth the values of former President Ronald Reagan. For more information here is their website <a href="www.yaf.org">www.yaf.org</a>. Please let me know if you need anything else.

Best regards,

Mike

Sent from my iPhone

On Jun 11, 2018, at 2:57 PM, Ford, Hayley <ford.hayley@epa.gov> wrote:

Please call me.

### Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

ford.hayley@epa.gov Phone: 202-564-2022 Cell: 202-306-1296

From: Stoker, Michael B.

Sent: Monday, June 11, 2018 3:35 PM
To: Ford, Hayley <ford.hayley@epa.gov>

**Cc:** Munoz, Charles < munoz.charles@epa.gov>; Kundinger, Kelly < kundinger.kelly@epa.gov>; Bennett, Tate < Bennett.Tate@epa.gov>; Chancellor, Erin < chancellor.erin@epa.gov>; Gunasekara, Mandy

<Gunasekara.Mandy@epa.gov>
Subject: Re: California Visit

Can we reverse the order and do Casmalia on the 10th and Region on the 11th. Mike

Sent from my iPhone

On Jun 11, 2018, at 2:26 PM, Ford, Hayley <ford.hayley@epa.gov> wrote:

We can't do the region visit on the 28th and Casmalia on the 29th.

How does July 10-11 look from the region perspective? We would want the region visit on the  $10^{th}$  (Tues) and Casmalia on the  $11^{th}$  (Wed). Understand your scheduling conflicts but we are weighing several factors and hard to find 2 full days in his schedule otherwise.

### Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

ford.hayley@epa.gov Phone: 202-564-2022 Cell: 202-306-1296

From: Stoker, Michael B.

**Sent:** Monday, June 11, 2018 3:04 PM **To:** Ford, Hayley <ford.hayley@epa.gov>

Cc: Munoz, Charles < munoz.charles@epa.gov >; Kundinger, Kelly

<kundinger.kelly@epa.gov>; Bennett, Tate <Bennett.Tate@epa.gov>; Chancellor, Erin <chancellor.erin@epa.gov>; Gunasekara, Mandy <Gunasekara.Mandy@epa.gov>

Subject: Re: California Visit

Can we do Regional visit in SF on the 28th and Casmalia on 29th? Makes my calendar pretty crazy as I will be in DC earlier in the week and end back in Santa Barbara end of the week. If you want a Casmalia mis week event how about Casmalia on a Tuesday and Regional visit on a Wednesday OR Regional visit on a Wednesday and Casmalia on a Thursday anytime in July. With the exception of the week of the 16th when RA's will be in DC.

Mike

Mike

Sent from my iPhone

On Jun 11, 2018, at 1:37 PM, Ford, Hayley <ford.hayley@epa.gov> wrote:

Mike/Charles -

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## Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 6/12/2018 11:48:58 AM

**To**: Ford, Hayley [ford.hayley@epa.gov]

Subject: Re: California Visit

#### Hayley,

Please let me know when trip for Casmalia/Regional Office on 28th and 29th is finalized and I will change my airline tickets to come back on the 27th vs 28th as I am currently booked.

I will also reach out to some folks, including the County Supervisors, to advise and make sure it is on their calendar. Thanks again for all your assistance.

Best regards,

Mike

Sent from my iPhone

On Jun 11, 2018, at 2:57 PM, Ford, Hayley <ford.hayley@epa.gov> wrote:

Please call me.

### Hayley Ford

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ford.hayley@epa.gov Phone: 202-564-2022 Cell: 202-306-1296

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<a href="mailto:subject:">Gunasekara.Mandy@epa.gov>
Subject: Re: California Visit</a>

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Sent from my iPhone

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**Hayley Ford**Deputy White House Liaison and Personal Aide to the Administrator **Environmental Protection Agency** 

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 6/21/2018 2:28:27 PM

**To**: Miller, Amy [Miller.Amy@epa.gov]

CC: Ford, Hayley [ford.hayley@epa.gov]; Munoz, Charles [munoz.charles@epa.gov]; Kundinger, Kelly

[kundinger.kelly@epa.gov]; Bennett, Tate [Bennett.Tate@epa.gov]

Subject: Re: Reagan Ranch

Hayley,

We got the word from Charles. I let the folks with Reagan Ranch know.

Mike

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

On Jun 21, 2018, at 6:30 AM, Miller, Amy /Miller.Amy@epa.gov> wrote:

Thank you. I heard from Charles.

Tate we look forward to hearing Administrator logistics for Thursday and Friday.

Amy

Sent from my iPhone

On Jun 21, 2018, at 6:13 AM, Ford, Hayley <ford.hayley@epa.gov> wrote:

Amy/Mike,

I received a V/M from Amy last night inquiring about the Reagan Ranch so wanted to make sure we were on the same page. I'd let Charles know earlier this week that ethics suggested we <u>not</u> accept this invitation to visit. Therefore, we appreciate the suggestion, but we will not be able to do this.

Thank you!

### Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 6/12/2018 2:47:45 AM

**To**: Ford, Hayley [ford.hayley@epa.gov]

Subject: Re: California Visit

Hayley,

Let me know when 28th is finalized so that I can personally reach out to the two county supervisors who want to attend.

Best regards,

Mike

Sent from my iPhone

On Jun 11, 2018, at 2:57 PM, Ford, Hayley < ford.hayley@epa.gov > wrote:

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## Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator

**Environmental Protection Agency** 

ford.hayley@epa.gov Phone: 202-564-2022 Cell: 202-306-1296

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To: Ford, Hayley <ford.hayley@epa.gov>

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**Hayley Ford**Deputy White House Liaison and Personal Aide to the Administrator **Environmental Protection Agency** 

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 6/11/2018 7:59:37 PM

**To**: Ford, Hayley [ford.hayley@epa.gov]

Subject: Re: California Visit

I will when I am out of RA meeting.

Mike

Sent from my iPhone

On Jun 11, 2018, at 2:57 PM, Ford, Hayley <ford.hayley@epa.gov> wrote:

Please call me.

### Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

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Cc: Munoz, Charles < munoz.charles@epa.gov>; Kundinger, Kelly

<a href="mailto:kundinger.kelly@epa.gov">kundinger.kelly@epa.gov</a>; Bennett, Tate <a href="mailto:Bennett.Tate@epa.gov">Bennett, Tate <a href="mailto:Bennett.Tate@epa.gov">Bennett, Tate <a href="mailto:Bennett.Tate@epa.gov">Bennett.Tate@epa.gov</a>; Chancellor, Erin <a href="mailto:chancellor.erin@epa.gov">chancellor.erin@epa.gov</a>; Gunasekara, Mandy <a href="mailto:Gunasekara">Gunasekara</a>. Mandy <a href="mailto:Gunasekara">Gunasekara<

Subject: Re: California Visit

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### Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

ford.hayley@epa.gov Phone: 202-564-2022

Cell: 202-306-1296

#### Message

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 6/11/2018 7:50:05 PM

**To**: Ford, Hayley [ford.hayley@epa.gov]

CC: Munoz, Charles [munoz.charles@epa.gov]; Kundinger, Kelly [kundinger.kelly@epa.gov]; Bennett, Tate

[Bennett.Tate@epa.gov]; Chancellor, Erin [chancellor.erin@epa.gov]; Gunasekara, Mandy

[Gunasekara.Mandy@epa.gov]

Subject: Re: California Visit

And if you end your two days in SF vs SB the Administrator will have many more options for travel outbound Wednesday afternoon out of San Francisco International.

Mike

Sent from my iPhone

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How does July 10-11 look from the region perspective? We would want the region visit on the 10<sup>th</sup> (Tues) and Casmalia on the 11<sup>th</sup> (Wed). Understand your scheduling conflicts but we are weighing several factors and hard to find 2 full days in his schedule otherwise.

### Hayley Ford

Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

ford.hayley@epa.gov Phone: 202-564-2022 Cell: 202-306-1296

From: Stoker, Michael B.

Sent: Monday, June 11, 2018 3:04 PM
To: Ford, Hayley <ford.hayley@epa.gov>

**Cc:** Munoz, Charles < <u>munoz.charles@epa.gov</u>>; Kundinger, Kelly < <u>kundinger.kelly@epa.gov</u>>; Bennett, Tate < Bennett. Tate@epa.gov>; Chancellor, Erin < chancellor.erin@epa.gov>; Gunasekara, Mandy

<Gunasekara.Mandy@epa.gov>

Subject: Re: California Visit

Can we do Regional visit in SF on the 28th and Casmalia on 29th? Makes my calendar pretty crazy as I will be in DC earlier in the week and end back in Santa Barbara end of the week. If you want a Casmalia mis week event how about Casmalia on a Tuesday and Regional visit on a Wednesday OR Regional visit on a Wednesday and Casmalia on a Thursday anytime in July. With the exception of the week of the 16th when RA's will be in DC.

Mike

Mike

Sent from my iPhone

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#### June 28

Early morning: Fly from CEC in Oklahoma City to California

Late Morning: Casmalia ROD Signing

Early Afternoon: Visit to Reagan Ranch (pending ethics approval, we may need to

substitute this)

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#### June 29

Morning: Region 9 Visit

**Late Morning/Early Afternoon**: One more event (Mandy in OAR copied here has some air-related event ideas, but also if there are any high-profile Superfund sites near the

office, he would be interested in visiting these as well)

Early/Late Afternoon: Fly back to DC

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Deputy White House Liaison and Personal Aide to the Administrator Environmental Protection Agency

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 6/11/2018 7:35:16 PM

**To**: Ford, Hayley [ford.hayley@epa.gov]

CC: Munoz, Charles [munoz.charles@epa.gov]; Kundinger, Kelly [kundinger.kelly@epa.gov]; Bennett, Tate

[Bennett.Tate@epa.gov]; Chancellor, Erin [chancellor.erin@epa.gov]; Gunasekara, Mandy

[Gunasekara.Mandy@epa.gov]

Subject: Re: California Visit

Can we reverse the order and do Casmalia on the 10th and Region on the 11th. Mike

Sent from my iPhone

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#### Message

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 6/11/2018 7:03:57 PM

**To**: Ford, Hayley [ford.hayley@epa.gov]

CC: Munoz, Charles [munoz.charles@epa.gov]; Kundinger, Kelly [kundinger.kelly@epa.gov]; Bennett, Tate

[Bennett.Tate@epa.gov]; Chancellor, Erin [chancellor.erin@epa.gov]; Gunasekara, Mandy

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(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

Sent: 6/20/2018 12:07:27 AM

**To**: Miller, Amy [Miller.Amy@epa.gov]

**Subject**: Fwd: Integrity.gov: Filing Reminder Assignment

Michael Stoker EPA Regional Administrator-Region 9 Cell (213) 215-3104

### Begin forwarded message:

From: Integrity gov < notifications@integrity.gov >

Date: June 19, 2018 at 1:47:23 PM PDT

To: < stoker.michael@epa.gov>

Subject: Integrity.gov: Filing Reminder Assignment

**Reply-To:** Integrity.gov Notification <notifications@integrity.gov>

This notice is a reminder that your 2018 New Entrant report is due on 07/05/2018. Remember, there's no penalty for filing early. More importantly, filing your report will stop these annoying reminders.

You may access the report by logging into Integrity at <a href="https://integrity.gov">https://integrity.gov</a>. If you have any questions concerning the filling out of the form, you can send a note to <a href="ethics@epa.gov">ethics@epa.gov</a> and we'll get back to you within 48 hours.

Please let us know if you need an extension by sending an email to Justina Fugh or sending a request to <a href="mailto:ethics@epa.gov">ethics@epa.gov</a>. You need to give a reason (e.g., workload, travel, need to gather materials) and say whether you need 45 or 90 additional days.

Also, check out our intranet site in INTEGRITY for more information: http://intranet.epa.gov/ogc/Integrity/Landingpage.html

For additional guidance about filling out the OGE-278 annual and OGE-278-T periodic financial disclosure form, see: https://www2.oge.gov/Web/278eGuide.nsf

#### Message

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 5/25/2018 5:36:21 PM

**To**: Miller, Amy [Miller.Amy@epa.gov]

**Subject**: RE: Ethics form for travel and other benefits

### DOB / Ex. 6

From: Miller, Amy

Sent: Friday, May 25, 2018 10:08 AM

**To:** Stoker, Michael B. <stoker.michael@epa.gov> **Subject:** Re: Ethics form for travel and other benefits

What is your date of birth?

Sent from my iPhone

On May 25, 2018, at 9:56 AM,

Personal Email / Ex. 6

wrote

Looks like that would be United #5443 and #5502, both operated by Skywest:

#5443

Depart SAN at 10:35 am Arrive LAX at 11:29 am

#5502

Depart LAX at 12:03 pm Arrive SBA at 1:00 pm

Total: \$376.80

(Screenshot attached.)

Will we need to book this for him (I'd need his full name and DOB), or will we be reimbursing him for it (I'd need a receipt)?

Thanks for your help. I'm not familiar with the "usual process" of how these arrangements are handled, so your guidance is appreciated.

Laura

From: Miller, Amy <<u>Miller, Amy@epa.gov</u>>
Sent: Friday, May 25, 2018 9:38 AM

To: Personal Email / Ex. 6

Subject: Fwd: Ethics form for travel and other benefits

Here is what Mike said about the flight from San Diego to Santa Barbara. Could you get me the cost you will pay and I will finish the form and submit

**Thanks** 

Amy

Sent from my iPhone

Begin forwarded message:

From: "Stoker, Michael B." <stoker.michael@epa.gov>

**Date:** May 25, 2018 at 9:09:37 AM PDT **To:** "Miller, Amy" < <a href="mailto:Miller.Amy@epa.gov">Miller.Amy@epa.gov</a>>

Subject: Re: Ethics form for travel and other benefits

San Diego to SB. I think there is a one stop 10 to 11 am departure that gets in around 1. I

think it's United.

Mike

Sent from my iPhone

On May 25, 2018, at 9:01 AM, Miller, Amy < Miller, Amy@epa.gov > wrote:

Can you give me some info on when and where you want to fly and i will get back to her

Sent from my iPhone

Begin forwarded message:

From: Personal Email / Ex. 6

Date: ויטידוער ככ: סבס מרס: דער איזיין אינט אויידי פרייטידיין אינטידייטידיי

To: "Miller Amv" < Miller Amv@ena.gov>

Cc: Personal Email / Ex. 6 Munoz, Charles" <munoz.charles@epa.gov>

Subject: RE: Ethics form for travel and other benefits

Hi, Amy.

The hotel cost would be: Room & tax: \$295.26

Valet Parking (if needed): \$35

We have not made any flight arrangements and do not know when/where he will be flying, so we'll need guidance on how to handle that portion.

Thanks. Laura

From: Miller, Amy < Miller, Amy@epa.gov > Sent: Thursday, May 24, 2018.10:23.PM

To Personal Email / Ex. 6

Cc: Personal Email / Ex. 6 Munoz, Charles

<munoz.charles@epa.gov>

Subject: Re: Ethics form for travel and other benefits

Thank you for filling out form. One last item i need is inkind cost of hotel and flight. Thanks

Amy

Sent from my iPhone

On May 24, 2018, at 8:58 AM, Laura Wilkin <a href="wilkin@cipa.org">wrote</a>:

Amy:

I've completed the Ethics Travel form with our information (attached). You'll need to add some of the other details from your end. Please let me now if you need anything else from me.

Thanks. Laura

From: Personal Email / Ex. 6
Sent: Transacry, may 2-4, 2018 8:41 AM
To: Personal Email / Ex. 6
Subject: Fwd: Ethics form for travel and other benefits

Stoker plans on coming Friday night and speaking Sat morning. We will cover his room and one way ticket to his next destination. Pls take a look at the attached docs. Thanks.

Sent from my iPhone

Begin forwarded message:

From: "Stoker, Michael B."

<stoker.michael@epa.g

ov>
Date: May 24, 2018 at
7:14:19 AM PDT

T( Personal Email / Ex. 6

"Miller, Amy"

<Miller.Amy@epa.gov>
Subject: Fwd: Ethics

### form for travel and other benefits

Rock, Can you have your folks fill out the information needed for us to submit? You can return to my COS, Amy Miller, who is copied with this email. Feel free to call me if you have any questions. Best regards, Mike

Sent from my iPhone

Begin forwarded message:

From:

"Miller,

Amy"

<<u>Miller.</u>

Amy@e

pa.gov>

Date:

May

24,

2018 at

7:11:08

ΑM

PDT

To:

"Stoker

Michael

В."

<stoker

.michae

l@epa.

gov>

Subject

: Ethics

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Amy C.

Miller

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Staff

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Advisor

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947-

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miller.a

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a.gov

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Form\_Stoker\_CIPA\_June9.2018.pdf>

<Stoker\_flight itin.JPG>

#### Message

From: Stoker, Michael B. [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 5/25/2018 4:49:25 PM

To: Rock Zierman [rock@cipa.org]; Munoz, Charles [munoz.charles@epa.gov]

**Subject**: RE: Ethics form for travel and other benefits

Rock/Charles,

Here is the United Flight....

### 10:35 amSan Diego, CA, US (SAN) Arriving1:00 pmSanta Barbara, CA, US (SBA)

Number of stops
1 Connection

San Diego, CA, US (SAN) Santa Barbara, CA, US (SBA)

Duration2h 25m totalShow on-time performance

Flight segments

#### SAN to LAX

SAN to LAX
FLIGHTUA 5443
Aircraft typeCanadair Regional Jet 200
Operated By SKYWEST DBA UNITED EXPRESS

34m connection

#### LAX to SBA

LAX to SBA

#### FLIGHTUA 5502

Aircraft typeCanadair Regional Jet 200

Operated By SKYWEST DBA UNITED EXPRESS

Total Cost: \$376.80

From: Rock Zierman [mailto:rock@cipa.org]

Sent: Friday, May 25, 2018 9:28 AM

To: Stoker, Michael B. <stoker.michael@epa.gov>; Munoz, Charles <munoz.charles@epa.gov>

Subject: Fwd: Ethics form for travel and other benefits

Let Laura know your flight plans. Thanks,

Rock

Sent from my iPhone

Begin forwarded message:

From: Laura Wilkin < <a href="mailto:lwilkin@cipa.org">lwilkin@cipa.org</a> Date: May 25, 2018 at 9:17:07 AM PDT

To: Rock Zierman < rock@cipa.org>

Subject: RE: Ethics form for travel and other benefits

Already done. They have everything they need except the cost of the flight, since I don't know his flight plans.

From: Rock Zierman

Sent: Friday, May 25, 2018 7:23 AM To: Laura Wilkin <a href="wilkin@cipa.org">wilkin@cipa.org</a>

Subject: Fwd: Ethics form for travel and other benefits

#### Sent from my iPhone

#### Begin forwarded message:

From: "Stoker, Michael B." < stoker.michael@epa.gov>

**Date:** May 25, 2018 at 12:26:37 AM PDT **To:** "rock@cipa.org" <rock@cipa.org>

Cc: "Munoz, Charles" <munoz.charles@epa.gov>

Subject: Fwd: Ethics form for travel and other benefits

#### Rock,

Can you please have your folks fill in the information that my folks need to review? I need this information ASAP. Please email to Charles Munoz whom I have cc'd. Best regards,

Mike

Sent from my iPhone

Begin forwarded message:

From: "Miller, Amy" < Miller. Amy@epa.gov> Date: May 24, 2018 at 7:11:08 AM PDT

To: "Stoker, Michael B." < <a href="mailto:stoker.michael@epa.gov">subject: Ethics form for travel and other benefits</a>

Amy C. Miller
Chief of Staff and Agric. Advisor
Office of Regional Administrator
U.S. Environmental Protection Agency, Region IX
(415) 947-4198
miller.amy@epa.gov

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

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Date: May 25, 2018 at 8:57:35 AM PDT

To: "Miller, Amy" < <a href="mailto:lwilkin@cipa.org">Miller.Amy@epa.gov</a>

Cc: Rock Zierman <rock@cipa.org>, "Munoz, Charles" <munoz.charles@epa.gov>

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Cc: Rock Zierman < rock@cipa.org>; Munoz, Charles < munoz.charles@epa.gov>

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Region IX
(415) 947-4198
miller.amy@epa.gov

<FILLABLE Ethics Travel Form.pdf>
<FILLABLE Ethics Travel Form\_Stoker\_CIPA\_June9.2018.pdf>

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DCB64B4E7EDF48AABE8EF43996A4652E-STOKER, MIC]

**Sent**: 5/25/2018 2:43:16 PM

To: Rock Zierman [rock@cipa.org]

CC: Munoz, Charles [munoz.charles@epa.gov]
Subject: Re: Ethics form for travel and other benefits

Thx Rock.

Sent from my iPhone

On May 25, 2018, at 7:24 AM, Rock Zierman < rock@cipa.org> wrote:

Will do. I'm flying by Laura will send Around 9:00 am.

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